# 837 Health Care Claim: Professional

Functional Group ID=HC

#### **Introduction:**

This Draft Standard for Trial Use contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment. For purposes of this standard, providers of health care products or services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists, and pharmacies, and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), etc.) or an entity such as a third party administrator (TPA) or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

#### **Notes:**

The 837 transaction is designed to transmit one or more claims for each billing provider. The hierarchy of the looping structure is billing provider, subscriber, patient, claim level, and claim service line level. Billing providers who sort claims using this hierarchy will use the 837 more efficiently because information that applies to all lower levels in the hierarchy will not have to be repeated within the transaction.

This standard is also recommended for the submission of similar data within a pre-paid managed care context. Referred to as capitated encounters, this data usually does not result in a payment, though it is possible to submit a "mixed" claim that includes both pre-paid and request for payment services. This standard will allow for the submission of data from providers of health care products and services to a Managed Care Organization or other payer. This standard may also be used by payers to share data with plan sponsors, employers, regulatory entities and Community Health Information Networks.

This standard can, also, be used as a transaction set in support of the coordination of benefits claims process. Additional looped segments can be used within both the claim and service line levels to transfer each payer's adjudication information to subsequent payers.

#### **Heading:**

<b>Page</b> <u><b>No.</b></u> 17	Pos. <u>No.</u> 005	Seg. <u>ID</u> ST	<u>Name</u> Transaction Set Header	Req. Des. M	Max.Use	Loop <u>Repeat</u>	Notes and Comments
18	010	BHT	Beginning of Hierarchical Transaction	M	1		
20	015	REF	Transmission Type Identification	O	1		
			LOOP ID - 1000A			1	
21	020	NM1	Submitter Name	O	1		
23	025	N2	Additional Submitter Name Information	O	1		
Not Used	030	N3	Address Information	O	1		
Not Used	035	N4	Geographic Location	O	1		
Not Used	040	REF	Reference Identification	O	1		
24	045	PER	Submitter EDI Contact Information	О	2		

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			LOOP ID - 1000B		1
26	020	NM1	Receiver Name	O	1
28	025	N2	Receiver Additional Name Information	O	1
Not Used	030	N3	Address Information	O	1
Not Used	035	N4	Geographic Location	O	1
Not Used	040	REF	Reference Identification	O	1
Not Used	045	PER	Administrative Communications Contact	O	1

# **Detail:**

Page No.	Pos. No.	Seg. <u>ID</u>	<u>Name</u>	Req. Des.	Max.Use	Loop <u>Repeat</u>	Notes and Comments
		<del></del>	LOOP ID - 2000A			>1	
29	001	HL	Billing/Pay-to Provider Hierarchical Level	M	1		
31	003	PRV	Billing/Pay-to Provider Specialty Information	O	1		
Not Used	007	PAT	Patient Information	O	1		
33	010	CUR	Foreign Currency Information	O	1		
			LOOP ID - 2010AA			1	
35	015	NM1	Billing Provider Name	O	1		
37	020	N2	Additional Billing Provider Name Information	O	1		
38	025	N3	Billing Provider Address	O	1		
39	030	N4	Billing Provider City/State/ZIP Code	O	1		
40	035	REF	Billing Provider Secondary Identification	O	8		
42	035	REF	Credit/Debit Card Billing Information	O	8		
44	040	PER	Billing Provider Contact Information	O	2		
			LOOP ID - 2010AB			1	
46	015	NM1	Pay-to Provider Name	O	1		
48	020	N2	Additional Pay-to Provider Name Information	O	1		
49	025	N3	Pay-to Provider Address	O	1		
50	030	N4	Pay-to Provider City/State/ZIP Code	O	1		
51	035	REF	Pay-to-Provider Secondary Identification	O	5		
Not Used	040	PER	Administrative Communications Contact	O	1		

# **Detail:**

Page <u>No.</u>	Pos. No.	Seg. <u>ID</u>	<u>Name</u>	Req. <u>Des.</u>	Max.Use	Loop <u>Repeat</u>	Notes and Comments
			LOOP ID - 2000B			>1	
53	001	HL	Subscriber Hierarchical Level	M	1		
55	005	SBR	Subscriber Information	O	1		
58	007	PAT	Patient Information	O	1		
Not Used	009	DTP	Date or Time or Period	O	2		
Not Used	010	CUR	Currency	O	1		
			LOOP ID - 2010BA			1	
60	015	NM1	Subscriber Name	O	1		
62	020	N2	Additional Subscriber Name Information	O	1		
63	025	N3	Subscriber Address	O	1		
64	030	N4	Subscriber City/State/ZIP Code	O	1		
65	032	DMG	Subscriber Demographic Information	O	1		
67	035	REF	Subscriber Secondary Identification	O	4		
69	035	REF	Property and Casualty Claim Number	O	1		
Not Used	040	PER	Administrative Communications Contact	O	1		
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DIAIT			LOOP ID ANIADD				
70	015	NIM 1	LOOP ID - 2010BB	0	1	I	
70	015	NM1	Payer Name	0	1		
72	020	N2	Additional Payer Name Information	0	1		
73	025	N3	Payer Address	0	1		
74	030	N4	Payer City/State/ZIP Code	0	1		
75 N. H. I	035	REF	Payer Secondary Identification	0	3		
Not Used	040	PER	Administrative Communications Contact	О	1		
			LOOP ID - 2010BC			1	
77	015	NM1	Responsible Party Name	O	1		
79	020	N2	Additional Responsible Party Name	O	1		
80	025	N3	Information Responsible Party Address	O	1		
81	030	N4	Responsible Party City/State/ZIP Code	O	1		
Not Used	035	REF	Reference Identification	O	5		
Not Used	040	PER	Administrative Communications Contact	O	1		
			LOOP ID - 2010BD			1	
82	015	NM1	Credit/Debit Card Holder Name	O	1	1	
84	020	NM1 N2	Additional Credit/Debit Card Holder Name	0	1		
04	020	11/2	Information	O	1		
Not Used	025	N3	Address Information	O	1		
Not Used	030	N4	Geographic Location	O	1		
85	035	REF	Credit/Debit Card Information	O	2		
Not Used	040	PER	Administrative Communications Contact	O	1		
			LOOP ID - 2300			100	
86	130	CLM	Claim Information	O	1		
93	135	DTP	Date - Order Date	O	1		
94	135	DTP	Date - Initial Treatment	O	1		İ
95	135	DTP	Date - Referral Date	O	1		
96	135	DTP	Date - Date Last Seen	O	1		
97	135	DTP	Date - Onset of Current Illness/Symptom	O	1		
98	135	DTP	Date - Acute Manifestation	O	5		
99	135	DTP	Date - Similar Illness/Symptom Onset	O	10		
100	135	DTP	Date - Accident	O	10		
101	135	DTP	Date - Last Menstrual Period	O	1		İ
102	135	DTP	Date - Last X-ray	O	1		
103	135	DTP	Date - Estimated Date of Birth	O	1		
104	135	DTP	Date - Hearing and Vision Prescription Date	O	1		
105	135	DTP	Date - Disability Begin	O	5		
106	135	DTP	Date - Disability End	O	5		j
107	135	DTP	Date - Last Worked	O	1		
108	135	DTP	Date - Authorized Return to Work	O	1		
109	135	DTP	Date - Admission	O	1		İ
110	135	DTP	Date - Discharge	O	1		
111	135	DTP	Date - Assumed and Relinquished Care Dates	O	2		
Not Used	140	CL1	Claim Codes	O	1		
Not Used	145	DN1	Orthodontic Information	O	1		
Not Used	150	DN2	Tooth Summary	O	35		
112	155	PWK	Claim Supplemental Information	O	10		
115	160	CN1	Contract Information	O	1		j
Not Used	165	DSB	Disability Information	O	1		

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Not Used	170	UR	Peer Review Organization or Utilization Review	О	1		
117	175	AMT	Credit/Debit Card Maximum Amount	O	1		
118	175	AMT	Patient Amount Paid	O	1		ĺ
119	175	AMT	Total Purchased Service Amount	O	1		
120	180	REF	Service Authorization Exception Code	O	1		Ì
122	180	REF	Mandatory Medicare (Section 4081) Crossover	O	1		
124	180	REF	Indicator  Mammography Certification Number	O	1		
125	180	REF	Prior Authorization or Referral Number	O	2		İ
127	180	REF	Original Reference Number (ICN/DCN)	O	1		
129	180	REF	Clinical Laboratory Improvement Amendment	O	3		İ
131	180	REF	(CLIA) Number Repriced Claim Number	O	1		
132	180	REF	Adjusted Repriced Claim Number	O	1		İ
133	180	REF	Investigational Device Exemption Number	O	1		
134	180	REF	Claim Identification Number for Clearing	O	1		
136	180	REF	Houses and Other Transmission Intermediaries Ambulatory Patient Group (APG)	O	4		
137	180	REF	Medical Record Number	O	1		
138	180	REF	Demonstration Project Identifier	O	1		i
139	185	K3	File Information	O	10		
141	190	NTE	Claim Note	O	1		
142	195	CR1	Ambulance Transport Information	O	1		i
144	200	CR2	Spinal Manipulation Service Information	O	1		
Not Used	205	CR3	Durable Medical Equipment Certification	O	1		İ
Not Used	210	CR4	Enteral or Parenteral Therapy Certification	O	3		
Not Used	215	CR5	Oxygen Therapy Certification	O	1		
Not Used	216	CR6	Home Health Care Certification	O	1		İ
Not Used	219	CR8	Pacemaker Certification	O	1		
150	220	CRC	Ambulance Certification	O	3		ĵ
153	220	CRC	Patient Condition Information: Vision	O	3		
155	220	CRC	Homebound Indicator	O	1		
156	231	HI	Health Care Diagnosis Code	O	1		Ì
Not Used	240	QTY	Quantity	O	10		
162	241	HCP	Claim Pricing/Repricing Information	O	1		ĺ
			LOOP ID - 2305			6	
165	242	CR7	Home Health Care Plan Information	O	1		
166	243	HSD	Health Care Services Delivery	O	3		Ιİ
			LOOP ID - 2310A			2	二日
169	250	NM1	Referring Provider Name	O	1		
171	255	PRV	Referring Provider Specialty Information	O	1		ij
172	260	N2	Additional Referring Provider Name	O	1		
Not Used	265	N3	Information Address Information	O	1		
Not Used	270	N4	Geographic Location	O	1		
173	271	REF	Referring Provider Secondary Identification	O	5		ij
Not Used	275	PER	Administrative Communications Contact	O	1		
			LOOP ID - 2310B			1	$\dashv$
175	250	NM1	Rendering Provider Name	O	1		
177	255	PRV	Rendering Provider Specialty Information	O	1		
178	260	N2	Additional Rendering Provider Name	O	1		
			Information				

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Not Used	265	N3	Address Information	O	1	
Not Used	270	N4	Geographic Location	O	1	
179	271	REF	Rendering Provider Secondary Identification	O	5	
Not Used	275	PER	Administrative Communications Contact	O	1	
			LOOP ID - 2310C			1
181	250	NM1	Purchased Service Provider Name	O	1	
Not Used	255	PRV	Provider Information	O	1	
Not Used	260	N2	Additional Name Information	O	1	
Not Used	265	N3	Address Information	O	1	
Not Used	270	N4	Geographic Location	O	1	
183	271	REF	Purchased Service Provider Secondary	O	5	
Not Used	275	PER	Identification Administrative Communications Contact	О	1	
			LOOP ID - 2310D			1
185	250	NM1	Service Facility Location	O	1	
Not Used	255	PRV	Provider Information	O	1	
187	260	N2	Additional Service Facility Location Name	O	1	
			Information			
188	265	N3	Service Facility Location Address	0	1	
189	270	N4	Service Facility Location City/State/ZIP	О	1	
190	271	REF	Service Facility Location Secondary Identification	О	5	
Not Used	275	PER	Administrative Communications Contact	O	1	
			LOOP ID - 2310E			1
192	250	NM1	Supervising Provider Name	O	1	
Not Used	255	PRV	Provider Information	0	1	
194	260	N2	Additional Supervising Provider Name	0	1	
Not Used	265	N3	Information Address Information	O	1	
Not Used	270	N4		0	1	
195	270	REF	Geographic Location Supervising Provider Secondary Identification	0	5	
		PER	Administrative Communications Contact			
Not Used	275	PEK		0	1	
			LOOP ID - 2320			10
197	290	SBR	Other Subscriber Information	О	1	
201	295	CAS	Claim Level Adjustments	O	5	
206	300	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1	
207	300	AMT	Coordination of Benefits (COB) Approved Amount	O	1	
208	300	AMT	Coordination of Benefits (COB) Allowed Amount	O	1	
209	300	AMT	Coordination of Benefits (COB) Patient	O	1	
210	300	AMT	Responsibility Amount Coordination of Benefits (COB) Covered	O	1	
211	300	AMT	Amount Coordination of Benefits (COB) Discount	O	1	
212	300	AMT	Amount Coordination of Benefits (COB) Per Day Limit	0	1	
213	300	AMT	Amount Coordination of Benefits (COB) Patient Paid	0	1	
214	300	AMT	Amount Coordination of Benefits (COB) Tax Amount	0	1	
215	300	AMT	Coordination of Benefits (COB) Total Claim	0	1	
			Before Taxes Amount			
216	305	DMG	Subscriber Demographic Information	0	1	
217	310	OI	Other Insurance Coverage Information	0	1	
Not Used	315	MIA	Medicare Inpatient Adjudication	O	1	
219	320	MOA	Medicare Outpatient Adjudication Information	O	1	
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			LOOP ID - 2330A			1
221	325	NM1	Other Subscriber Name	O	1	
223	330	N2	Additional Other Subscriber Name Information	O	1	
224	332	N3	Other Subscriber Address	O	1	
225	340	N4	Other Subscriber City/State/ZIP Code	O	1	
Not Used	345	PER	Administrative Communications Contact	O	1	
Not Used	350	DTP	Date or Time or Period	O	2	
227	355	REF	Other Subscriber Secondary Identification	O	3	
			LOOP ID - 2330B			1
229	325	NM1	Other Payer Name	O	1	
231	330	N2	Additional Other Payer Name Information	O	1	
Not Used	332	N3	Address Information	O	1	
Not Used	340	N4	Geographic Location	O	1	
232	345	PER	Other Payer Contact Information	0	2	
234	350	DTP	Claim Adjudication Date	0	1	
235	355	REF	Other Payer Secondary Identifier	0	2	
237	355	REF	Other Payer Prior Authorization or Referral	0	2	
231	333	KLI	Number	O	2	
238	355	REF	Other Payer Claim Adjustment Indicator	0	2	
			LOOP ID - 2330C			1
240	325	NM1	Other Payer Patient Information	O	1	
Not Used	330	N2	Additional Name Information	O	1	
Not Used	332	N3	Address Information	O	1	
Not Used	340	N4	Geographic Location	O	1	
Not Used	345	PER	Administrative Communications Contact	O	1	
242	355	REF	Other Payer Patient Identification	O	3	
			LOOP ID - 2330D			2
244	325	NM1	Other Payer Referring Provider	0	1	-
Not Used	330	N2	Additional Name Information	0	1	
Not Used	332	N3	Address Information	0	1	
Not Used	340	N4	Geographic Location	0	1	
Not Used	345	PER	Administrative Communications Contact	-		
246	355	REF	Other Payer Referring Provider Identification	0	3	
240	333	KEI				
			LOOP ID - 2330E			1
248	325	NM1	Other Payer Rendering Provider	O	1	
Not Used	330	N2	Additional Name Information	O	1	
Not Used	332	N3	Address Information	O	1	
Not Used	340	N4	Geographic Location	O	1	
Not Used	345	PER	Administrative Communications Contact	O	1	İ
250	355	REF	Other Payer Rendering Provider Secondary Identification	О	3	
			LOOP ID - 2330F			1
252	325	NM1	Other Payer Purchased Service Provider	O	1	
Not Used	330	N2	Additional Name Information	O	1	
Not Used	332	N3	Address Information	O	1	
Not Used	340	N4	Geographic Location	O	1	
Not Used	345	PER	Administrative Communications Contact	O	1	
254	355	REF	Other Payer Purchased Service Provider Identification	0	3	
			LOOP ID - 2330G	_		1

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256	325	NM1	Other Payer Service Facility Location	O	1		11
Not Used	330	N2	Additional Name Information	O	1		
Not Used	332	N3	Address Information	O	1		
Not Used	340	N4	Geographic Location	O	1		
Not Used	345	PER	Administrative Communications Contact	O	1		
258	355	REF	Other Payer Service Facility Location	O	3		
			Identification				
			LOOP ID - 2330H			1	
260	325	NM1	Other Payer Supervising Provider	O	1		ij
Not Used	330	N2	Additional Name Information	O	1		
Not Used	332	N3	Address Information	O	1		
Not Used	340	N4	Geographic Location	O	1		İİ
Not Used	345	PER	Administrative Communications Contact	O	1		
262	355	REF	Other Payer Supervising Provider Identification	O	3		ij
			LOOP ID - 2400			50	
264	365	LX	Service Line	O	1		
265	370	SV1	Professional Service	0	1		
Not Used	375	SV2	Institutional Service	0	1		
Not Used	380	SV3	Dental Service	0	1		
Not Used	382	TOO	Tooth Identification	0	32		ļ
271	385	SV4	Prescription Number	0	1		
Not Used	400	SV5			1		
			Durable Medical Equipment Service	0			
Not Used	405	SV6	Anesthesia Service	0	1		
Not Used	410	SV7	Drug Adjudication	0	1		ļ
Not Used	415	HI	Health Care Information Codes	0	25		
Not Used	415	HI	Health Care Information Codes	0	25		
Not Used	420	PWK	Paperwork	0	1		
273	420	PWK	DMERC CMN Indicator	0	1		
275	425	CR1	Ambulance Transport Information	О	1		
277	430	CR2	Spinal Manipulation Service Information	O	5		
283	435	CR3	Durable Medical Equipment Certification	О	1		
Not Used	440	CR4	Enteral or Parenteral Therapy Certification	О	3		
284	445	CR5	Home Oxygen Therapy Information	О	1		
287	450	CRC	Ambulance Certification	О	3		
289	450	CRC	Hospice Employee Indicator	О	1		
291	450	CRC	DMERC Condition Indicator	О	2		
293	455	DTP	Date - Service Date	O	1		
295	455	DTP	Date - Certification Revision Date	О	1		
296	455	DTP	Date - Referral Date	O	1		
297	455	DTP	Date - Begin Therapy Date	O	1		j
298	455	DTP	Date - Last Certification Date	O	1		
299	455	DTP	Date - Order Date	O	1		
300	455	DTP	Date - Date Last Seen	O	1		j
301	455	DTP	Date - Test	O	2		
302	455	DTP	Date - Oxygen Saturation/Arterial Blood Gas	O	3		j
303	455	DTP	Test Date - Shipped	O	1		
304	455	DTP	Date - Onset of Current Symptom/Illness	0	1		
305	455	DTP	Date - Last X-ray	0	1		
306		DTP	Date - Acute Manifestation		1		
	455 455			0			
307	455	DTP	Date - Initial Treatment	O	1		

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308	455	DTP	Date - Similar Illness/Symptom Onset	O	1		11
309	460	QTY	Anesthesia Modifying Units	O	5		
311	462	MEA	Test Result	O	20		İİ
314	465	CN1	Contract Information	O	1		
316	470	REF	Repriced Line Item Reference Number	O	1		
317	470	REF	Adjusted Repriced Line Item Reference Number	О	1		
318	470	REF	Prior Authorization or Referral Number	O	2		
319	470	REF	Line Item Control Number	O	1		İİ
320	470	REF	Mammography Certification Number	O	1		
321 322	470 470	REF REF	Clinical Laboratory Improvement Amendment (CLIA) Identification Referring Clinical Laboratory Improvement	0	1		
323	470	REF	Amendment (CLIA) Facility Identification Immunization Batch Number	O	1		
323 324	470 470	REF	Ambulatory Patient Group (APG)	0	1 4		
	470		• • • • • • • • • • • • • • • • • • • •				
325	470	REF	Oxygen Flow Rate	0	1		! !
326	470	REF AMT	Universal Product Number (UPN) Sales Tax Amount	0	1 1		
328	475			0			!!
329	475	AMT	Approved Amount	0	1		
330	475	AMT	Postage Claimed Amount	0	1		
331	480	K3	File Information	0	10		
333	485	NTE	Line Note	0	1		
334	488	PS1	Purchased Service Information	0	1		ļļ
Not Used	490	IMM	Immunization Status Code	0	5		
335	491	HSD	Health Care Services Delivery	0	1		
338	492	HCP	Line Pricing/Repricing Information	О	1		
37 . 77 . 1	10.1		LOOP ID - 2410			30	
Not Used	494	LIN	Item Identification	0	1		ļļļ
Not Used	495	CTP	Pricing Information	0	1		
Not Used	496	REF	Reference Identification	О	1		
			LOOP ID - 2420A			1	
342	500	NM1	Rendering Provider Name	O	1		İİİ
344	505	PRV	Rendering Provider Specialty Information	O	1		
345	510	N2	Additional Rendering Provider Name	O	1		
Not Used	514	N3	Information Address Information	О	1		
Not Used	520	N4	Geographic Location	O	1		
346	525	REF	Rendering Provider Secondary Identification	O	5		İİİ
Not Used	530	PER	Administrative Communications Contact	O	1		
			LOOP ID - 2420B			1	
348	500	NM1	Purchased Service Provider Name	O	1		}}}
Not Used	505	PRV	Provider Information	O	1		
Not Used	510	N2	Additional Name Information	O	1		
Not Used	514	N3	Address Information	O	1		111
Not Used	520	N4	Geographic Location	O	1		
350	525	REF	Purchased Service Provider Secondary	O	5		
Not Used	530	PER	Identification Administrative Communications Contact	O	1		
			LOOP ID - 2420C			1	
352	500	NM1	Service Facility Location	O	1	1	
Not Used	505	PRV	Provider Information	0	1		
354	510	N2	Additional Service Facility Location Name	0	1		
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355	514	N3	Information Service Facility Location Address	O	1	
356	520	N4	Service Facility Location City/State/ZIP	O	1	
357	525	REF	Service Facility Location Secondary	O	5	
Not Used	530	PER	Identification Administrative Communications Contact	O	1	
			LOOP ID - 2420D			1
359	500	NM1	Supervising Provider Name	O	1	1
Not Used	505	PRV	Provider Information	0	1	
361	510	N2	Additional Supervising Provider Name	0	1	
			Information		1	
Not Used	514	N3	Address Information	0	1	
Not Used	520	N4	Geographic Location	0	1	
362	525	REF	Supervising Provider Secondary Identification	0	5	
Not Used	530	PER	Administrative Communications Contact	О	1	
			LOOP ID - 2420E			1
364	500	NM1	Ordering Provider Name	O	1	
Not Used	505	PRV	Provider Information	O	1	
366	510	N2	Additional Ordering Provider Name	O	1	
367	514	N3	Information Ordering Provider Address	O	1	
368	520	N4	Ordering Provider City/State/ZIP Code	O	1	
369	525	REF	Ordering Provider Secondary Identification	О	5	
371	530	PER	Ordering Provider Contact Information	O	1	
			LOOP ID - 2420F			2
373	500	NM1	Referring Provider Name	O	1	
375	505	PRV	Referring Provider Specialty Information	O	1	
376	510	N2	Additional Referring Provider Name	O	1	
Not Used	514	N3	Information Address Information	O	1	
Not Used	520	N4	Geographic Location	0	1	
377	525	REF	Referring Provider Secondary Identification	0	5	
Not Used	530	PER	Administrative Communications Contact	0	1	
270	<b>500</b>	ND 41	LOOP ID - 2420G	0	4	4
379	500	NM1	Other Payer Prior Authorization or Referral Number	О	1	
Not Used	505	PRV	Provider Information	O	1	
Not Used	510	N2	Additional Name Information	O	1	
Not Used	514	N3	Address Information	O	1	
Not Used	520	N4	Geographic Location	O	1	
381	525	REF	Other Payer Prior Authorization or Referral Number	O	2	
Not Used	530	PER	Administrative Communications Contact	O	1	
			LOOP ID - 2430			25
382	540	SVD	Line Adjudication Information	O	1	
385	545	CAS	Line Adjustment	O	99	
390	550	DTP	Line Adjudication Date	O	1	
			LOOP ID - 2440			5
391	551	LQ	Form Identification Code	O	1	
392	552	FRM	Supporting Documentation	M	99	
., <u>,,</u>	334	1 17171	Supporting Documentation	171	//	

# **Summary:**

DRAFT Page No.	Pos. <u>No.</u>	Seg. <u>ID</u>	<u>Name</u>	Req. <u>Des.</u>	Max.Use	Loop Repeat	Notes and Comments
•			LOOP ID - 2000C			>1	
394	001	HL	Patient Hierarchical Level	0	1		
396	007	PAT	Patient Information	0	1		
Not Used	009	DTP	Date or Time or Period	0	2		
Not Used	010	CUR	Currency	О	1		
			LOOP ID - 2010CA	_		1	
399	015	NM1	Patient Name	0	1		
401	020	N2	Additional Patient Name Information	О	1		
402	025	N3	Patient Address	0	1		
403	030	N4	Patient City/State/ZIP Code	0	1		
404	032	DMG	Patient Demographic Information	O	1		
405	035	REF	Patient Secondary Identification	O	5		
407	035	REF	Property and Casualty Claim Number	О	1		
Not Used	040	PER	Administrative Communications Contact	О	1		
			LOOP ID - 2300			100	
408	130	CLM	Claim Information	O	1		
415	135	DTP	Date - Order Date	O	1		
416	135	DTP	Date - Initial Treatment	O	1		
417	135	DTP	Date - Referral Date	O	1		
418	135	DTP	Date - Date Last Seen	O	1		
419	135	DTP	Date - Onset of Current Illness/Symptom	O	1		
420	135	DTP	Date - Acute Manifestation	O	5		
421	135	DTP	Date - Similar Illness/Symptom Onset	O	10		
422	135	DTP	Date - Accident	O	10		
423	135	DTP	Date - Last Menstrual Period	O	1		
424	135	DTP	Date - Last X-ray	O	1		
425	135	DTP	Date - Estimated Date of Birth	O	1		
426	135	DTP	Date - Hearing and Vision Prescription Date	O	1		
427	135	DTP	Date - Disability Begin	O	5		
428	135	DTP	Date - Disability End	O	5		
429	135	DTP	Date - Last Worked	O	1		
430	135	DTP	Date - Authorized Return to Work	O	1		
431	135	DTP	Date - Admission	O	1		
432	135	DTP	Date - Discharge	O	1		
433	135	DTP	Date - Assumed and Relinquished Care Dates	O	2		
Not Used	140	CL1	Claim Codes	O	1		
Not Used	145	DN1	Orthodontic Information	O	1		
Not Used	150	DN2	Tooth Summary	O	35		
434	155	PWK	Claim Supplemental Information	O	10		
437	160	CN1	Contract Information	O	1		
Not Used	165	DSB	Disability Information	O	1		
Not Used	170	UR	Peer Review Organization or Utilization Review	О	1		
439	175	AMT	Credit/Debit Card Maximum Amount	O	1		
440	175	AMT	Patient Amount Paid	O	1		
441	175	AMT	Total Purchased Service Amount	O	1		
442	180	REF	Service Authorization Exception Code	O	1		
444	180	REF	Mandatory Medicare (Section 4081) Crossover Indicator	O	1		
446	180	REF	Mammography Certification Number	O	1		

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447	180	REF	Prior Authorization or Referral Number	O	2	
449	180	REF	Original Reference Number (ICN/DCN)	O	1	
451	180	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	O	3	
453	180	REF	Repriced Claim Number	O	1	
454	180	REF	Adjusted Repriced Claim Number	O	1	
455	180	REF	Investigational Device Exemption Number	O	1	
456	180	REF	Claim Identification Number for Clearing Houses and Other Transmission Intermediaries	O	1	
458	180	REF	Ambulatory Patient Group (APG)	O	4	
459	180	REF	Medical Record Number	O	1	
460	180	REF	Demonstration Project Identifier	O	1	
461	185	K3	File Information	O	10	
463	190	NTE	Claim Note	O	1	
464	195	CR1	Ambulance Transport Information	O	1	
466	200	CR2	Spinal Manipulation Service Information	O	1	
Not Used	205	CR3	Durable Medical Equipment Certification	O	1	
Not Used	210	CR4	Enteral or Parenteral Therapy Certification	О	3	
Not Used	215	CR5	Oxygen Therapy Certification	O	1	
Not Used	216	CR6	Home Health Care Certification	О	1	
Not Used	219	CR8	Pacemaker Certification	O	1	
472	220	CRC	Ambulance Certification	О	3	
475	220	CRC	Patient Condition Information: Vision	O	3	
477	220	CRC	Homebound Indicator	О	1	
478	231	HI	Health Care Diagnosis Code	O	1	
Not Used	240	QTY	Quantity	О	10	
484	241	HCP	Claim Pricing/Repricing Information	О	1	
			LOOP ID - 2305			6
487	242	CR7	Home Health Care Plan Information	0	1	
488	243	HSD	Health Care Services Delivery	0	3	
			LOOP ID - 2310A			2
491	250	NM1	Referring Provider Name	O	1	
493	255	PRV	Referring Provider Specialty Information	О	1	
494	260	N2	Additional Referring Provider Name Information	O	1	
Not Used	265	N3	Address Information	O	1	
Not Used	270	N4	Geographic Location	O	1	
495	271	REF	Referring Provider Secondary Identification	O	5	
Not Used	275	PER	Administrative Communications Contact	O	1	
			LOOP ID - 2310B			1
497	250	NM1	Rendering Provider Name	O	1	
499	255	PRV	Rendering Provider Specialty Information	O	1	
500	260	N2	Additional Rendering Provider Name Information	O	1	
Not Used	265	N3	Address Information	O	1	
Not Used	270	N4	Geographic Location	O	1	
501	271	REF	Rendering Provider Secondary Identification	O	5	
Not Used	275	PER	Administrative Communications Contact	O	1	
			LOOP ID - 2310C			1
503	250	NM1	Purchased Service Provider Name	O	1	
Not Used	255	PRV	Provider Information	O	1	
Not Used	260	N2	Additional Name Information	O	1	

DRAFT Not Used 265 N3 Address Information O 1 Not Used 270 N4 Geographic Location O 1	1 1
Not Used 270 N4 Geographic Location O 1	
505 271 REF Purchased Service Provider Secondary O 5	
Identification  Not Used 275 PER Administrative Communications Contact O 1	
LOOP ID - 2310D 1	
507 250 NM1 Service Facility Location O 1	j
Not Used 255 PRV Provider Information O 1	
509 260 N2 Additional Service Facility Location Name O 1	ļ
Information	
510 265 N3 Service Facility Location Address O 1	
511 270 N4 Service Facility Location City/State/ZIP O 1	ļ.,
512 271 REF Service Facility Location Secondary O 5 Identification	
Not Used 275 PER Administrative Communications Contact O 1	
LOOP ID - 2310E 1	
514 250 NM1 Supervising Provider Name O 1	
Not Used 255 PRV Provider Information O 1	
516 260 N2 Additional Supervising Provider Name O 1	
Information  Not Used 265 N3 Address Information O 1	
Not Used 270 N4 Geographic Location O 1	i
517 271 REF Supervising Provider Secondary Identification O 5	
Not Used 275 PER Administrative Communications Contact O 1	
LOOP ID - 2320 10	
519 290 SBR Other Subscriber Information O 1	
523 295 CAS Claim Level Adjustments O 5 528 300 AMT Coordination of Benefits (COB) Payer Paid O 1	j i
Amount	
529 300 AMT Coordination of Benefits (COB) Approved O 1 Amount	
530 300 AMT Coordination of Benefits (COB) Allowed O 1	
Amount 531 300 AMT Coordination of Benefits (COB) Patient O 1	
Responsibility Amount	
532 300 AMT Coordination of Benefits (COB) Covered O 1 Amount	
533 300 AMT Coordination of Benefits (COB) Discount O 1	
Amount 534 300 AMT Coordination of Benefits (COB) Per Day Limit O 1	
Amount 535 300 AMT Coordination of Benefits (COB) Patient Paid O 1	
Amount	
536 300 AMT Coordination of Benefits (COB) Tax Amount O 1	
537 300 AMT Coordination of Benefits (COB) Total Claim O 1 Before Taxes Amount	
538 305 DMG Subscriber Demographic Information O 1	
539 310 OI Other Insurance Coverage Information O 1	
Not Used 315 MIA Medicare Inpatient Adjudication O 1	İ
320 MOA Medicare Outpatient Adjudication Information O 1	
LOOP ID - 2330A 1	
543 325 NM1 Other Subscriber Name O 1	
330 N2 Additional Other Subscriber Name Information O 1	
546 332 N3 Other Subscriber Address O 1	į į į
547 340 N4 Other Subscriber City/State/ZIP Code O 1	
Not Used 345 PER Administrative Communications Contact O 1	
Not Used 350 DTP Date or Time or Period O 2	
549 355 REF Other Subscriber Secondary Identification O 3	

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			LOOP ID - 2330B			1	
551	325	NM1	Other Payer Name	O	1		
553	330	N2	Additional Other Payer Name Information	O	1		İ
Not Used	332	N3	Address Information	O	1		
Not Used	340	N4	Geographic Location	O	1		
554	345	PER	Other Payer Contact Information	O	2		Ì
556	350	DTP	Claim Adjudication Date	O	1		
557	355	REF	Other Payer Secondary Identifier	O	2		i
559	355	REF	Other Payer Prior Authorization or Referral	O	2		
560	355	REF	Number Other Payer Claim Adjustment Indicator	O	2		
			LOOP ID - 2330C			1	
562	325	NM1	Other Payer Patient Information	O	1		
Not Used	330	N2	Additional Name Information	O	1		İ
Not Used	332	N3	Address Information	O	1		
Not Used	340	N4	Geographic Location	0	1		
Not Used	345	PER	Administrative Communications Contact	0	1		
564	355	REF	Other Payer Patient Identification	0	3		
						2	
500	225	ND 41	LOOP ID - 2330D	0	1	2	ļ
566 Not Used	325	NM1	Other Payer Referring Provider	0	1		
Not Used	330	N2	Additional Name Information	0	1		
Not Used	332	N3	Address Information	0	1		ļ
Not Used	340	N4	Geographic Location	O	1		
Not Used	345	PER	Administrative Communications Contact	O	1		ļ
568	355	REF	Other Payer Referring Provider Identification	О	3		
			LOOP ID - 2330E			1	
570	325	NM1	LOOP ID - 2330E Other Payer Rendering Provider	0	1	1	
570 Not Used	325 330	NM1 N2		0	1 1	1	
			Other Payer Rendering Provider			1	
Not Used	330	N2	Other Payer Rendering Provider Additional Name Information	O	1	1	
Not Used Not Used	330 332	N2 N3	Other Payer Rendering Provider Additional Name Information Address Information	0 0	1 1	1	
Not Used Not Used Not Used	330 332 340	N2 N3 N4	Other Payer Rendering Provider Additional Name Information Address Information Geographic Location	0 0 0	1 1 1	1	
Not Used Not Used Not Used Not Used	330 332 340 345	N2 N3 N4 PER	Other Payer Rendering Provider Additional Name Information Address Information Geographic Location Administrative Communications Contact Other Payer Rendering Provider Secondary	0 0 0	1 1 1	1	
Not Used Not Used Not Used Not Used	330 332 340 345	N2 N3 N4 PER	Other Payer Rendering Provider Additional Name Information Address Information Geographic Location Administrative Communications Contact Other Payer Rendering Provider Secondary Identification	0 0 0	1 1 1		
Not Used Not Used Not Used Not Used 572	330 332 340 345 355	N2 N3 N4 PER REF	Other Payer Rendering Provider Additional Name Information Address Information Geographic Location Administrative Communications Contact Other Payer Rendering Provider Secondary Identification LOOP ID - 2330F	0 0 0 0	1 1 1 1 3		
Not Used Not Used Not Used Not Used 572	330 332 340 345 355	N2 N3 N4 PER REF	Other Payer Rendering Provider Additional Name Information Address Information Geographic Location Administrative Communications Contact Other Payer Rendering Provider Secondary Identification LOOP ID - 2330F Other Payer Purchased Service Provider	0 0 0 0 0	1 1 1 1 3		
Not Used Not Used Not Used Not Used 572 574 Not Used	330 332 340 345 355 325 330	N2 N3 N4 PER REF	Other Payer Rendering Provider Additional Name Information Address Information Geographic Location Administrative Communications Contact Other Payer Rendering Provider Secondary Identification LOOP ID - 2330F Other Payer Purchased Service Provider Additional Name Information	0 0 0 0 0	1 1 1 1 3		
Not Used Not Used Not Used 572 574 Not Used Not Used	330 332 340 345 355 325 330 332	N2 N3 N4 PER REF NM1 N2 N3	Other Payer Rendering Provider Additional Name Information Address Information Geographic Location Administrative Communications Contact Other Payer Rendering Provider Secondary Identification LOOP ID - 2330F Other Payer Purchased Service Provider Additional Name Information Address Information	0 0 0 0 0	1 1 1 1 3		
Not Used Not Used Not Used S72  574 Not Used Not Used Not Used Not Used	330 332 340 345 355 325 330 332 340	N2 N3 N4 PER REF NM1 N2 N3 N4	Other Payer Rendering Provider Additional Name Information Address Information Geographic Location Administrative Communications Contact Other Payer Rendering Provider Secondary Identification LOOP ID - 2330F Other Payer Purchased Service Provider Additional Name Information Address Information Geographic Location	0 0 0 0 0	1 1 1 1 3		
Not Used Not Used Not Used S72  574 Not Used Not Used Not Used Not Used Not Used Not Used	330 332 340 345 355 325 330 332 340 345	N2 N3 N4 PER REF  NM1 N2 N3 N4 PER	Other Payer Rendering Provider Additional Name Information Address Information Geographic Location Administrative Communications Contact Other Payer Rendering Provider Secondary Identification LOOP ID - 2330F Other Payer Purchased Service Provider Additional Name Information Address Information Geographic Location Administrative Communications Contact Other Payer Purchased Service Provider Identification	0 0 0 0 0	1 1 1 1 3 1 1 1 1	1	
Not Used Not Used Not Used 572 574 Not Used Not Used Not Used Not Used 576	330 332 340 345 355 325 330 332 340 345 355	N2 N3 N4 PER REF  NM1 N2 N3 N4 PER REF	Other Payer Rendering Provider Additional Name Information Address Information Geographic Location Administrative Communications Contact Other Payer Rendering Provider Secondary Identification LOOP ID - 2330F Other Payer Purchased Service Provider Additional Name Information Address Information Geographic Location Administrative Communications Contact Other Payer Purchased Service Provider Identification LOOP ID - 2330G	0 0 0 0 0 0 0 0	1 1 1 1 3 3		
Not Used Not Used Not Used 572 574 Not Used Not Used Not Used 576	330 332 340 345 355 325 330 332 340 345 355	N2 N3 N4 PER REF  NM1 N2 N3 N4 PER REF	Other Payer Rendering Provider Additional Name Information Address Information Geographic Location Administrative Communications Contact Other Payer Rendering Provider Secondary Identification LOOP ID - 2330F Other Payer Purchased Service Provider Additional Name Information Address Information Geographic Location Administrative Communications Contact Other Payer Purchased Service Provider Identification LOOP ID - 2330G Other Payer Service Facility Location	0 0 0 0 0 0 0 0	1 1 1 1 3 3	1	
Not Used Not Used Not Used 572  574 Not Used Not Used Not Used Not Used Not Used 576  578 Not Used	330 332 340 345 355 325 330 332 340 345 355	N2 N3 N4 PER REF  NM1 N2 N3 N4 PER REF	Other Payer Rendering Provider Additional Name Information Address Information Geographic Location Administrative Communications Contact Other Payer Rendering Provider Secondary Identification  LOOP ID - 2330F Other Payer Purchased Service Provider Additional Name Information Address Information Geographic Location Administrative Communications Contact Other Payer Purchased Service Provider Identification  LOOP ID - 2330G Other Payer Service Facility Location Additional Name Information	0 0 0 0 0 0 0 0 0	1 1 1 1 3 3	1	
Not Used Not Used Not Used S72  574  Not Used Not Used Not Used Not Used S76  578  Not Used Not Used	330 332 340 345 355 325 330 332 340 345 355 325 330 332 332 330 332	N2 N3 N4 PER REF  NM1 N2 N3 N4 PER REF  NM1 N2 N31	Other Payer Rendering Provider Additional Name Information Address Information Geographic Location Administrative Communications Contact Other Payer Rendering Provider Secondary Identification LOOP ID - 2330F Other Payer Purchased Service Provider Additional Name Information Address Information Geographic Location Administrative Communications Contact Other Payer Purchased Service Provider Identification LOOP ID - 2330G Other Payer Service Facility Location Additional Name Information Address Information	0 0 0 0 0 0 0 0 0	1 1 1 1 3 3	1	
Not Used Not Used Not Used S72  574 Not Used Not Used Not Used Not Used S76  578 Not Used Not Used Not Used	330 332 340 345 355 325 330 332 340 345 355 325 330 332 340	N2 N3 N4 PER REF  NM1 N2 N3 N4 PER REF  NM1 N2 N3 N4 PER REF	Other Payer Rendering Provider Additional Name Information Address Information Geographic Location Administrative Communications Contact Other Payer Rendering Provider Secondary Identification LOOP ID - 2330F Other Payer Purchased Service Provider Additional Name Information Address Information Geographic Location Administrative Communications Contact Other Payer Purchased Service Provider Identification LOOP ID - 2330G Other Payer Service Facility Location Additional Name Information Address Information Geographic Location Geographic Location		1 1 1 1 3 3	1	
Not Used Not Used Not Used 572  574  Not Used Not Used Not Used Not Used S76  578  Not Used Not Used Not Used Not Used Not Used Not Used Not Used Not Used Not Used Not Used Not Used Not Used	330 332 340 345 355 325 330 332 340 345 355 325 330 332 340 345 345	N2 N3 N4 PER REF  NM1 N2 N3 N4 PER REF  NM1 N2 N3 N4 PER	Other Payer Rendering Provider Additional Name Information Address Information Geographic Location Administrative Communications Contact Other Payer Rendering Provider Secondary Identification LOOP ID - 2330F Other Payer Purchased Service Provider Additional Name Information Address Information Geographic Location Administrative Communications Contact Other Payer Purchased Service Provider Identification LOOP ID - 2330G Other Payer Service Facility Location Additional Name Information Address Information Geographic Location Address Information Geographic Location Address Information Geographic Location Administrative Communications Contact		1 1 1 1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	
Not Used Not Used Not Used S72  574 Not Used Not Used Not Used Not Used Tot Used Not Used Not Used Not Used Not Used Not Used Not Used Not Used Not Used Not Used Not Used Not Used Not Used	330 332 340 345 355 325 330 332 340 345 355 325 330 332 340	N2 N3 N4 PER REF  NM1 N2 N3 N4 PER REF  NM1 N2 N3 N4 PER REF	Other Payer Rendering Provider Additional Name Information Address Information Geographic Location Administrative Communications Contact Other Payer Rendering Provider Secondary Identification LOOP ID - 2330F Other Payer Purchased Service Provider Additional Name Information Address Information Geographic Location Administrative Communications Contact Other Payer Purchased Service Provider Identification LOOP ID - 2330G Other Payer Service Facility Location Additional Name Information Address Information Geographic Location Geographic Location		1 1 1 1 3 3	1	
Not Used Not Used Not Used S72  574 Not Used Not Used Not Used Not Used Not Used S76  578 Not Used Not Used Not Used Not Used Not Used Not Used Not Used Not Used Not Used Not Used	330 332 340 345 355 325 330 332 340 345 355 325 330 332 340 345 345	N2 N3 N4 PER REF  NM1 N2 N3 N4 PER REF  NM1 N2 N3 N4 PER	Other Payer Rendering Provider Additional Name Information Address Information Geographic Location Administrative Communications Contact Other Payer Rendering Provider Secondary Identification LOOP ID - 2330F Other Payer Purchased Service Provider Additional Name Information Address Information Geographic Location Administrative Communications Contact Other Payer Purchased Service Provider Identification LOOP ID - 2330G Other Payer Service Facility Location Additional Name Information Address Information Geographic Location Address Information Geographic Location Address Information Geographic Location Administrative Communications Contact Other Payer Service Facility Location		1 1 1 1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	
Not Used Not Used Not Used S72  574 Not Used Not Used Not Used Not Used Not Used S76  578 Not Used Not Used Not Used Not Used Not Used Not Used Not Used Not Used Not Used Not Used	330 332 340 345 355 325 330 332 340 345 355 325 330 332 340 345 345	N2 N3 N4 PER REF  NM1 N2 N3 N4 PER REF  NM1 N2 N3 N4 PER	Other Payer Rendering Provider Additional Name Information Address Information Geographic Location Administrative Communications Contact Other Payer Rendering Provider Secondary Identification LOOP ID - 2330F Other Payer Purchased Service Provider Additional Name Information Address Information Geographic Location Administrative Communications Contact Other Payer Purchased Service Provider Identification LOOP ID - 2330G Other Payer Service Facility Location Additional Name Information Address Information Geographic Location Address Information Geographic Location Address Information Geographic Location Administrative Communications Contact Other Payer Service Facility Location Identification		1 1 1 1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	

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Not Used	330	N2	Additional Name Information	О	1		
Not Used	332	N3	Address Information	О	1		
Not Used	340	N4	Geographic Location	О	1		
Not Used	345	PER	Administrative Communications Contact	О	1		
584	355	REF	Other Payer Supervising Provider Identification	О	3		
			LOOP ID - 2400			50	
586	365	LX	Service Line	O	1		
587	370	SV1	Professional Service	O	1		
Not Used	375	SV2	Institutional Service	O	1		
Not Used	380	SV3	Dental Service	O	1		
Not Used	382	TOO	Tooth Identification	O	32		
593	385	SV4	Prescription Number	O	1		
Not Used	400	SV5	Durable Medical Equipment Service	О	1		
Not Used	405	SV6	Anesthesia Service	О	1		
Not Used	410	SV7	Drug Adjudication	О	1		
Not Used	415	HI	Health Care Information Codes	O	25		
Not Used	415	HI	Health Care Information Codes	O	25		
595	420	PWK	DMERC CMN Indicator	0	1		
597	425	CR1	Ambulance Transport Information	0	1		
599	430	CR2	Spinal Manipulation Service Information	0	5		
605	435	CR3	Durable Medical Equipment Certification	0	1		
Not Used	440	CR4	Enteral or Parenteral Therapy Certification	0	3		
606	445	CR5	Home Oxygen Therapy Information	0	1		
609	450	CRC	Ambulance Certification	0	3		
611	450	CRC	Hospice Employee Indicator	0	1		
613	450	CRC	DMERC Condition Indicator	0	2		
615	455	DTP	Date - Service Date	0	1		
617	455	DTP	Date - Certification Revision Date	0	1		
618	455	DTP	Date - Referral Date	0	1		
619	455	DTP	Date - Begin Therapy Date	0	1		
620	455	DTP	Date - Last Certification Date	0	1		
621	455	DTP	Date - Order Date	0	1		
622	455	DTP	Date - Date Last Seen	0	1		
623	455	DTP	Date - Test	0	2		
624	455	DTP	Date - Oxygen Saturation/Arterial Blood Gas Test	О	3		
625	455	DTP	Date - Shipped	O	1		
626	455	DTP	Date - Onset of Current Symptom/Illness	O	1		
627	455	DTP	Date - Last X-ray	O	1		
628	455	DTP	Date - Acute Manifestation	O	1		
629	455	DTP	Date - Initial Treatment	O	1		
630	455	DTP	Date - Similar Illness/Symptom Onset	O	1		
631	460	QTY	Anesthesia Modifying Units	O	5		
633	462	MEA	Test Result	O	20		
636	465	CN1	Contract Information	O	1		
638	470	REF	Repriced Line Item Reference Number	O	1		
639	470	REF	Adjusted Repriced Line Item Reference	O	1		
			Number		2		
640	470	REF	Prior Authorization or Referral Number	0	2		
641	470	REF	Line Item Control Number	0	1		
642	470	REF	Mammography Certification Number	О	1		

DD A ET						
DRAFT 643	470	REF	Clinical Laboratory Improvement Amendment	О	1	
644	470	REF	(CLIA) Identification Referring Clinical Laboratory Improvement	O	1	
645	470	REF	Amendment (CLIA) Facility Identification Immunization Batch Number	O	1	
646	470	REF	Ambulatory Patient Group (APG)	0	4	
647	470	REF	Oxygen Flow Rate	0	1	
648	470	REF	Universal Product Number (UPN)	0	1	
650	475	AMT	Sales Tax Amount	0	1	
651	475	AMT	Approved Amount	0	1	
		AMT	**		1	
652 653	475 480	K3	Postage Claimed Amount File Information	0	10	
655	485	NTE	Line Note	0	10	
656	488	PS1	Purchased Service Information	0	1	
Not Used	490	IMM	Immunization Status Code	0	5	
657	491	HSD	Health Care Services Delivery	0	1	
660	492	НСР	Line Pricing/Repricing Information	0	1	20
	40 :		LOOP ID - 2410	6	_	30
Not Used	494	LIN	Item Identification	0	1	
Not Used	495	CTP	Pricing Information	0	1	
Not Used	496	REF	Reference Identification	О	1	
			LOOP ID - 2420A			1
Error!	500	NM1	Rendering Provider Name	O	1	
Bookmar k not						
defined.						
666	505	PRV	Rendering Provider Specialty Information	О	1	
667	510	N2	Additional Rendering Provider Name Information	O	1	
Not Used	514	N3	Address Information	O	1	
Not Used	520	N4	Geographic Location	O	1	
668	525	REF	Rendering Provider Secondary Identification	O	5	
Not Used	530	PER	Administrative Communications Contact	O	1	
			LOOP ID - 2420B			1
670	500	NM1	Purchased Service Provider Name	O	1	•
Not Used	505	PRV	Provider Information	0	1	
Not Used	510	N2	Additional Name Information	0	1	
Not Used	514	N2 N3	Address Information	0	1	
Not Used	520	N3 N4	Geographic Location	0	1	
						;
672	525	REF	Purchased Service Provider Secondary Identification	О	5	
Not Used	530	PER	Administrative Communications Contact	O	1	
			LOOP ID - 2420C			1
674	500	NM1	Service Facility Location	O	1	
Not Used	505	PRV	Provider Information	O	1	
676	510	N2	Additional Service Facility Location Name	O	1	
677	514	N3	Information Service Facility Location Address	0	1	
678	520	N4	Service Facility Location City/State/ZIP	0	1	
679	525	REF	Service Facility Location Secondary	0	5	
			Identification			
Not Used	530	PER	Administrative Communications Contact	О	1	
			LOOP ID - 2420D			1
681	500	NM1	Supervising Provider Name	O	1	

Not Used   514 N3	DRAFT	505	DDM	Describer Information	0	1	1
Not Used	Not Used	505	PRV N2	Provider Information	0	1	
Not Used   520	083	310	NZ		U	1	
Section   Section   Supervising Provider Secondary Identification   O   S	Not Used	514	N3		O	1	
Not Used   530   PER   Administrative Communications Contact   O   1	Not Used	520	N4	Geographic Location	O	1	
TOOP ID - 2420E	684	525	REF	Supervising Provider Secondary Identification	O	5	
Not Used   Sob   NM   Ordering Provider Name   O   1	Not Used	530	PER	Administrative Communications Contact	O	1	
Not Used   Sob   PRV   Provider Information   O   1				LOOP ID - 2420E			1
Additional Ordering Provider Name	686	500	NM1	Ordering Provider Name	O	1	
Information   Ordering Provider Address   O	Not Used	505	PRV	Provider Information	O	1	
September   Sept	688	510	N2		O	1	
1	689	514	N3		O	1	
691   525   REF	690	520	N4	-	O	1	
100   100	691		REF	•	O	5	
695   500   NM1   Referring Provider Name   O   1	693	530	PER		O	1	
695   500   NM1   Referring Provider Name   O   1				LOOP ID - 2420F			2
697   505   PRV   Referring Provider Specialty Information   O	695	500	NM1		O	1	
Additional Referring Provider Name   O	697	505	PRV		O	1	
Not Used         514         N3         Address Information         O         1           Not Used         520         N4         Geographic Location         O         1           699         525         REF         Referring Provider Secondary Identification         O         5           Not Used         530         PER         Administrative Communications Contact         O         1           701         500         NM1         Other Payer Prior Authorization or Referral Number         O         1           Not Used         505         PRV         Provider Information         O         1           Not Used         510         N2         Additional Name Information         O         1           Not Used         514         N3         Address Information         O         1           Not Used         520         N4         Geographic Location         O         1           703         525         REF         Other Payer Prior Authorization or Referral Number         O         2           Not Used         530         PER         Administrative Communications Contact         O         1           704         540         SVD         Line Adjudication Information         O         1	698	510	N2	Additional Referring Provider Name	O	1	
Not Used   525   REF   Referring Provider Secondary Identification   O   5	Not Used	514	N3		О	1	
Not Used   530   PER	Not Used	520	N4	Geographic Location	О	1	
LOOP ID - 2420G	699	525	REF	Referring Provider Secondary Identification	O	5	
Not Used   500 NM1	Not Used	530	PER	Administrative Communications Contact	O	1	
Not Used   505   PRV   Provider Information   O				LOOP ID - 2420G			4
Not Used         505         PRV         Provider Information         O         1           Not Used         510         N2         Additional Name Information         O         1           Not Used         514         N3         Address Information         O         1           Not Used         520         N4         Geographic Location         O         1           703         525         REF         Other Payer Prior Authorization or Referral Number         O         2           Not Used         530         PER         Administrative Communications Contact         O         1           LOOP ID - 2430         25         25         25         25           704         540         SVD         Line Adjudication Information         O         1           707         545         CAS         Line Adjudication Date         O         1           712         550         DTP         Line Adjudication Date         O         1           713         551         LQ         Form Identification Code         O         1           714         552         FRM         Supporting Documentation         M         99	701	500	NM1	Other Payer Prior Authorization or Referral	O	1	
Not Used         514         N3         Address Information         O         1           Not Used         520         N4         Geographic Location         O         1           703         525         REF         Other Payer Prior Authorization or Referral Number         O         2           Not Used         530         PER         Administrative Communications Contact         O         1           704         540         SVD         Line Adjudication Information         O         1           707         545         CAS         Line Adjustment         O         99           712         550         DTP         Line Adjudication Date         O         1           713         551         LQ         Form Identification Code         O         1           714         552         FRM         Supporting Documentation         M         99	Not Used	505	PRV		O	1	
Not Used         520         N4         Geographic Location         O         1           703         525         REF         Other Payer Prior Authorization or Referral Number         O         2           Not Used         530         PER         Administrative Communications Contact         O         1           100P ID - 2430         25           704         540         SVD         Line Adjudication Information         O         1           707         545         CAS         Line Adjustment         O         99           712         550         DTP         Line Adjudication Date         O         1           713         551         LQ         Form Identification Code         O         1           714         552         FRM         Supporting Documentation         M         99	Not Used	510	N2	Additional Name Information	O	1	
703         525         REF         Other Payer Prior Authorization or Referral Number         O         2           Not Used         530         PER         Administrative Communications Contact         O         1           704         540         SVD         Line Adjudication Information         O         1           707         545         CAS         Line Adjustment         O         99           712         550         DTP         Line Adjudication Date         O         1           713         551         LQ         Form Identification Code         O         1           714         552         FRM         Supporting Documentation         M         99	Not Used	514	N3	Address Information	O	1	
Not Used         530         PER         Number Administrative Communications Contact         O         1           704         540         SVD         Line Adjudication Information         O         1           707         545         CAS         Line Adjustment         O         99           712         550         DTP         Line Adjudication Date         O         1           713         551         LQ         Form Identification Code         O         1           714         552         FRM         Supporting Documentation         M         99	Not Used	520	N4	Geographic Location	O	1	
Not Used         530         PER         Administrative Communications Contact         O         1           704         540         SVD         Line Adjudication Information         O         1           707         545         CAS         Line Adjustment         O         99           712         550         DTP         Line Adjudication Date         O         1           713         551         LQ         Form Identification Code         O         1           714         552         FRM         Supporting Documentation         M         99	703	525	REF		O	2	
704         540         SVD         Line Adjudication Information         O         1           707         545         CAS         Line Adjustment         O         99           712         550         DTP         Line Adjudication Date         O         1           LOOP ID - 2440         5         5         T	Not Used	530	PER		O	1	
707       545       CAS       Line Adjustment       O       99         712       550       DTP       Line Adjudication Date       O       1         LOOP ID - 2440       5         713       551       LQ       Form Identification Code       O       1         714       552       FRM       Supporting Documentation       M       99				LOOP ID - 2430			25
712       550       DTP       Line Adjudication Date       O       1         LOOP ID - 2440       5         713       551       LQ       Form Identification Code       O       1         714       552       FRM       Supporting Documentation       M       99	704	540	SVD	Line Adjudication Information	O	1	
712       550       DTP       Line Adjudication Date       O       1         LOOP ID - 2440       5         713       551       LQ       Form Identification Code       O       1         714       552       FRM       Supporting Documentation       M       99	707	545	CAS	Line Adjustment	O	99	
713 551 LQ Form Identification Code O 1 714 552 FRM Supporting Documentation M 99	712	550	DTP	Line Adjudication Date	O	1	
713 551 LQ Form Identification Code O 1 714 552 FRM Supporting Documentation M 99				LOOP ID - 2440			5
714 552 FRM Supporting Documentation M 99	713	551	LQ		O	1	
	714						
	716	555	SE	Transaction Set Trailer	M	1	

Segment: ST Transaction Set Header

Position: 005

Loop:

Level: Heading Usage: Mandatory

Max Use:

Purpose:

To indicate the start of a transaction set and to assign a control number

Syntax Notes: Semantic Notes:

1 The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810

selects the Invoice Transaction Set).

**Comments:** 

### **Data Element Summary**

	Ref.	Data	•		
	Des.	<u>Element</u>	<u>Name</u>	<u>Attı</u>	<u>ibutes</u>
Required	ST01	143	Transaction Set Identifier Code	M	ID 3/3
			Code uniquely identifying a Transaction Set		
			The only valid value within this transaction set for ST01 is	337.	
			INDUSTRY: Transaction Set Identifier Code 837 Health Care Claim		
Required	ST02	329	<b>Transaction Set Control Number</b>	$\mathbf{M}$	AN 4/9
			Identifying control number that must be unique within the trifunctional group assigned by the originator for a transaction. The Transaction Set Control Numbers in ST02 and SE02 m	set	
			This unique number also aids in error resolution research. S		
			begin sending transactions using the number 0001 in this ele		
			increment from there. The number must be unique within a		
			group (GS-GE) and interchange (ISA-IEA), but can repeat i	n othe	r groups and

ALIAS: Transaction Set Control Number

interchanges.

INDUSTRY: Transaction Set Control Number

Segment:	рпі	<b>Beginning of Hierarchical Transaction</b>

**Position:** 010

Loop:

Level: Heading Usage: Mandatory

Max Use:

**Purpose:** To define the business hierarchical structure of the transaction set and identify the

business application purpose and reference data, i.e., number, date, and time

Syntax Notes: Semantic Notes:

1 BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system.

2 BHT04 is the date the transaction was created within the business application system

3 BHT05 is the time the transaction was created within the business application system.

**Comments:** 

**Notes:** The second example denotes the case where the entire transaction set contains

ENCOUNTERS.

		ENCOU	NTERS.		
			Data Element Summary		
	Ref. <u>Des.</u>	Data <u>Element</u>	Name	<u>Attr</u>	<u>ributes</u>
Required	BHT01	1005	Hierarchical Structure Code	$\mathbf{M}$	ID 4/4
			Code indicating the hierarchical application structure of a tra utilizes the HL segment to define the structure of the transact INDUSTRY: Hierarchical Structure Code		
			0019 Information Source, Subscriber, Dependent	dent	
Required	BHT02	353	Transaction Set Purpose Code	$\mathbf{M}$	ID 2/2
			Code identifying purpose of transaction set		
			BHT02 is intended to convey the electronic transmission sta	tus of	the 837
			batch contained in this ST-SE envelope. The terms "original refer to the electronic transmission status of the 837 batch, n status.		
			ORIGINAL: Original transmissions are claims/encounters v	which	have never
			been sent to the receiver. Generally nearly all transmissions (as the ultimate destination of the transaction) are original.		
			REISSUE: In the case where a transmission was disrupted the request that the batch be sent again. Use "Reissue" when restransmission batches that have been previously sent.		
			ALIAS: Transaction Set Purpose Code		
			NSF Reference: AA0-23.0		

INDUSTRY: Transaction Set Purpose Code

00 Original18 Reissue

Required BHT03 127 Reference Identification

O AN 1/30

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

The inventory file number of the tape or transmission assigned by the submitter's system. This number operates as a batch control number. It may or may not be identical to the number carried in ST02.

NSF Reference: AA0-05.0

INDUSTRY: Originator Application Transaction Identifier

#### Required BHT04 373 O DT 8/8

Date expressed as CCYYMMDD

Identifies the date that the submitter created the file.

NSF Reference: AA0-15.0

INDUSTRY: Transaction Set Creation Date

#### 337 Required **BHT05** Time O TM 4/8

Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal secondsare expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)Use this time to identify the time of day that the submitter created the file.

NSF Reference: AA0-16.0

INDUSTRY: Transaction Set Creation Time

#### Required **BHT06** 640 **Transaction Type Code**

O ID 2/2

Code specifying the type of transaction

Although this element is required, submitters are not necessarily required to accurately batch claims and encounters at this level. Generally CH is used for claims and RP is used for encounters. However, if an ST-SE envelope contains both claims and encounters use CH. Some trading partner agreements may specify using only one code.

ALIAS: Claim or Encounter Indicator

INDUSTRY: Claim or Encounter Identifier

CH Chargeable

> Use this code when the transaction contains only fee-forservice claims or claims with at least one chargeable line item. If it is not clear whether a transaction contains claims or encounters, or if the transaction contains a mix of claims and encounters, the developers of this implementation guide recommend using code CH.

RP Reporting

> Use RP when the entire ST-SE envelope contains encounters.

Use RP when the transaction is being sent to an entity (usually not a payer or a normal provider-payer transmission intermediary) for purposes other than adjudication of a claim. Such an entity could be a state health data agency which is using the 837 for health data reporting purposes.

Segment:  ${f REF}$  Transmission Type Identification

**Position:** 015

Loop:

Level: Heading

Usage: Optional (Must Use)

Max Use: 1

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

1 REF04 contains data relating to the value cited in REF02.

	Ref.	Data	Data Element Summary		
	Des.	Element	Name	A ffi	<u>ributes</u>
Required	REF01	128	Reference Identification Qualifier	M	ID 2/3
1			Code qualifying the Reference Identification		
			INDUSTRY: Reference Identification Qualifier		
			87 Functional Category		
			An organization or groups of organizati	One v	with a
			common operational orientation such as Engineering, etc		
Required	REF02	127	Reference Identification	X	AN 1/30
•			Reference information as defined for a particular Transaction	Set c	or as
			specified by the Reference Identification Qualifier		
			When piloting the transaction set, this value is 004010X098I		
			the transaction set in a production mode, this value is 004010	X098	3.
			INDUSTRY: Transmission Type Code		
Not Used	REF03	352	Description	$\mathbf{X}$	AN 1/80
			A free-form description to clarify the related data elements as	nd the	eir content
Not Used	REF04	C040	Reference Identifier	O	
			To identify one or more reference numbers or identification r	ıumb	ers as
			specified by the Reference Qualifier		
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction	Set o	or as
<b>X</b> 7	G0.400.	400	specified by the Reference Identification Qualifier	<b>T</b> 7	TD 0/2
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
<b>N</b> I 4 <b>T</b> I •	C04007	105	Code qualifying the Reference Identification	<b>3</b> 7	A NI 1/20
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as

Segment: NM1 Submitter Name

**Position:** 020

**Loop:** 1000A Optional (Must Use)

Level: Heading

**Usage:** Optional (Must Use)

Max Use:

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

2 If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

**Notes:** The example in this NM1 and the subsequent N2 demonstrate how a name that is more than 35 characters long could be handled between the NM1 and N2 segments.

than 33 characters long could be handled between the 141/11 and 142 segments.

See Section 2.4, Loop ID-1000, Data Overview, for a detailed description about using Loop ID-1000. Ignore the Set Notes below.

Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules.

	D.£	Data	Data Elem	ent Summary		
	Ref. Des.	Data Element	Name		Attr	ibutes
Required	NM101	98	Entity Identifier Co	ode	M	ID 2/3
•			•	organizational entity, a physical location,	prop	erty or an
			individual			•
			INDUSTRY: Entity	Identifier Code		
			41	Submitter		
				Entity transmitting transaction set		
Required	NM102	1065	<b>Entity Type Qualif</b>	ier	M	<b>ID</b> 1/1
			Code qualifying the	type of entity		
			INDUSTRY: Entity	Type Qualifier		
			1	Person		
			2	Non-Person Entity		
Required	NM103	1035	Name Last or Orga	nnization Name	O	AN 1/35
			Individual last name	or organizational name		
			ALIAS: Submitter N	Name		
			NSF Reference: AA	.0-06.0		
			INDUSTRY: Submi	itter Last or Organization Name		
Situatio	NM104	1036	Name First		O	AN 1/25
			Individual first name	e		
			Required if NM102	=1 (person).		
			ALIAS: Submitter N	Name		
			INDUSTRY: Submi	itter First Name		
Situatio	NM105	1037	Name Middle		O	AN 1/25
			Individual middle na	ame or initial		
			Required if NM102	=1 and the middle name/initial of the pers	on is	known.
			ALIAS: Submitter N	Name		
			INDUSTRY: Submi	itter Middle Name		
Not Used	NM106	1038	Name Prefix		0	AN 1/10

Ditt ii 1			Prefix to individ	lual name			
Not Used	NM107	1039	Name Suffix		0	AN 1/10	
- 1.01			Suffix to individ	lual name			
Required	NM108	66	Identification (		X	ID 1/2	
			Code (67)	` '			
				entification Code Qualifier		(EEL)	
			46	Electronic Transmitter Identification Nu	mbei	r (ETIN)	
				A unique number assigned to each trans	mitte	er and	
				software developer			
				Established by trading partner agreemen	ıt.		
Required	NM109	67	Identification (	Code	X	AN 2/80	
			Code identifyin	g a party or other code			
			ALIAS: Submit	ter Primary Identification Number			
			NSF Reference:	AA0-02.0, ZA0-02.0			
			INDUSTRY: Su	ıbmitter Identifier			
Not Used	NM110	706	<b>Entity Relation</b>	ship Code	$\mathbf{X}$	ID 2/2	
			Code describing	entity relationship			
Not Used	NM111	98	<b>Entity Identifie</b>	r Code	O	ID 2/3	
			Code identifying individual	g an organizational entity, a physical location	prop	perty or an	

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N2 Additional Submitter Name Information **Segment:** 

**Position:** 025

Loop: 1000A Optional (Must Use)

Level: Heading **Usage:** Optional Max Use:

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes: Semantic Notes: Comments:** 

Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names. **Notes:** 

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Additional Submitter Name	Attr M	ributes AN 1/60
Not Used	N202	93	INDUSTRY: Additional Submitter Name Name Free-form name	0	AN 1/60

Segment: PER Submitter EDI Contact Information

Position: 045

**Loop:** 1000A Optional (Must Use)

Level: Heading

**Usage:** Optional (Must Use)

Max Use: 2

**Purpose:** To identify a person or office to whom administrative communications should be directed

**Syntax Notes:** 1 If either PER03 or PER04 is present, then the other is required.

- 2 If either PER05 or PER06 is present, then the other is required.
- 3 If either PER07 or PER08 is present, then the other is required.

#### Semantic Notes: Comments:

Notes:

When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g., (534) 224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.

The contact information in this segment should point to the person in the submitter organization who deals with data transmission issues. If data transmission problems arise, this is the person to contact in the submitter organization.

There are 2 repetitions of the PER segment to allow for six possible combination of communication numbers including extensions.

Dogwinod	Ref. Des.	Data Element 366	Name Contact Function Code	Attr M	ibutes ID 2/2		
Required	PER01	300					
			Code identifying the major duty or responsibility of the personal NEW Code identifying the major duty or responsibility of the personal new code identifying the major duty or responsibility of the personal new code identifying the major duty or responsibility of the personal new code identifying the major duty or responsibility of the personal new code identifying the major duty or responsibility of the personal new code identifying the major duty or responsibility of the personal new code identification in the personal new code identidation in the personal new code identification in the personal ne	n or §	group named		
			INDUSTRY: Contact Function Code				
			IC Information Contact				
Required	PER02	93	Name	O	AN 1/60		
			Free-form name				
			Use this data element when the name of the individual to contact is not a defined or is different than the name within the prior name segment (e.g. NM1).				
			NSF Reference: AA0-13.0				
Required	PER03	365	INDUSTRY: Submitter Contact Name Communication Number Qualifier	X	ID 2/2		
			Code identifying the type of communication number				
			INDUSTRY: Communication Number Qualifier				
			ED Electronic Data Interchange Access Nur	nber			
			EM Electronic Mail				
			FX Facsimile				
			TE Telephone				
Required	PER04	364	Communication Number	$\mathbf{X}$	AN 1/80		
			Complete communications number including country or area applicable NSF Reference: AA0-14.0	code	when		
			INDUSTRY: Communication Number				

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Situatio	PER05	365	Communication N	Number Qualifier	$\mathbf{X}$	ID 2/2
			Code identifying the	he type of communication number		
			Used at the discret	ion of the submitter.		
			INDUSTRY: Com	munication Number Qualifier		
			ED	Electronic Data Interchange Access Nu	mber	
			EM	Electronic Mail		
			EX	Telephone Extension		
			FX	Facsimile		
			TE	Telephone		
Situatio	PER06	364	Communication N	Number	$\mathbf{X}$	AN 1/80
			Complete communapplicable	nications number including country or area	code	when
				ion of the submitter.		
			INDUSTRY: Com	munication Number		
Situatio	PER07	365	Communication N		X	ID 2/2
				he type of communication number		
			· -	ion of the submitter.		
			INDUSTRY: Com	munication Number Qualifier		
			ED	Electronic Data Interchange Access Nu	mber	
			EM	Electronic Mail		
			EX	Telephone Extension		
			FX	Facsimile		
			TE	Telephone		
Situatio	PER08	364	Communication N	Number	$\mathbf{X}$	AN 1/80
			Complete communapplicable	nications number including country or area	code	when
			Used at the discret	ion of the submitter.		
			INDUSTRY: Com	munication Number		
Not Used	PER09	443	Contact Inquiry I	Reference	O	AN 1/20
			Additional reference number or description to clarify a contact number			

Segment: NM1 Receiver Name

**Position:** 020

**Loop:** 1000B Optional (Must Use)

Level: Heading

**Usage:** Optional (Must Use)

Max Use:

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

2 If NM111 is present, then NM110 is required.

Semantic Notes: 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

**Notes:** Because this is a required segment, this is a required loop. See Appendix A for further

details on ASC X12 syntax rules.

			Data Element Summary		
	Ref.	Data			
	Des.	<u>Element</u>	Name		ributes
Required	NM101	98	Entity Identifier Code	M	ID 2/3
			Code identifying an organizational entity, a physical location individual	, proj	perty or an
			INDUSTRY: Entity Identifier Code		
			40 Receiver		
			Entity to accept transmission		
Required	NM102	1065	<b>Entity Type Qualifier</b>	$\mathbf{M}$	<b>ID</b> 1/1
			Code qualifying the type of entity		
			INDUSTRY: Entity Type Qualifier		
			2 Non-Person Entity		
Required	NM103	1035	Name Last or Organization Name	O	AN 1/35
-			Individual last name or organizational name		
			ALIAS: Receiver Name		
			INDUSTRY: Receiver Name		
Not Used	NM104	1036	Name First	O	AN 1/25
			Individual first name		
Not Used	NM105	1037	Name Middle	O	AN 1/25
			Individual middle name or initial		
Not Used	NM106	1038	Name Prefix	O	AN 1/10
			Prefix to individual name		
Not Used	NM107	1039	Name Suffix	O	AN 1/10
			Suffix to individual name		
Required	NM108	66	Identification Code Qualifier	$\mathbf{X}$	ID 1/2
			Code designating the system/method of code structure used to	for Id	entification
			Code (67)		
			INDUSTRY: Identification Code Qualifier	,	(ETINI)
			46 Electronic Transmitter Identification No.		,
			A unique number assigned to each trans	smitte	er and
Required	NM109	67	software developer  Identification Code	X	AN 2/80
ricquirea	11111107	0,	Code identifying a party or other code		1111 2700
			ALIAS: Receiver Primary Identification Number		
			7151 15. Receiver 1 finiary additification runnoci		
			NSF Reference: AA0-17.0, ZA0-04.0		
			INDUCTORY, Designation of the Co		
			INDUSTRY: Receiver Primary Identifier		

Not Used	NM110	706	Use "D00111" for Michigan Medicaid.  Entity Relationship Code	X	ID 2/2
			Code describing entity relationship		
Not Used	NM111	98	Entity Identifier Code	O	ID 2/3
			Code identifying an organizational entity, a physical location individual	, proj	perty or an

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N2 Receiver Additional Name Information **Segment:** 

**Position:** 025

Loop: 1000B Optional (Must Use)

Level: Heading **Usage:** Optional Max Use:

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes: Semantic Notes: Comments:** 

Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names. **Notes:** 

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Receiver Additional Name Information	Attr M	ributes AN 1/60
Not Used	N202	93	INDUSTRY: Receiver Additional Name Name Free-form name	o	AN 1/60

Segment: HL Billing/Pay-to Provider Hierarchical Level

**Position:** 001

**Loop:** 2000A Mandatory

Level: Detail
Usage: Mandatory

Max Use:

Purpose: To identify dependencies among and the content of hierarchically related groups of data

segments

Syntax Notes: Semantic Notes:

**Comments:** 

1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to lineitem data.

The HL segment defines a top-down/left-right ordered structure.

- 2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
- 3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
- 4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
- 5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

**Notes:** 

Use the Billing Provider HL to identify the original entity who submitted the electronic claim/encounter to the destination payer identified in Loop ID-2010BB. The billing provider entity may be a health care provider, a billing service, or some other representative of the provider.

The NSF fields shown in Loop ID-2010AA and Loop ID-2010AB are intended to carry billing provider information, not billing service information. Refer to your NSF manual for proper use of these fields. If Loop 2010AA contains information on a billing service (rather than a billing provider), do not map the information in that loop to the NSF billing provider fields for Medicare claims.

The Billing/Pay-to Provider HL may contain information about the Pay-to Provider entity. If the Pay-to Provider entity is the same as the Billing Provider entity, then only use Loop ID-2010AA.

Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules.

Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Billing/Pay-to Provider Hierarchical Level loops, there is an implied maximum of 5000.

If the Billing or Pay-to Provider is also the Rendering Provider and Loop ID-2310A is not used, the Loop ID-2000 PRV must be used to indicate which entity (Billing or Payto) is the Rendering Provider.

#### **Data Element Summary**

Ref. Data

Des. Element Name Attributes

DRAFT							
Required	HL01	628	Hierarchical ID No	ımber	$\mathbf{M}$	AN 1/12	
			A unique number assigned by the sender to identify a particular data segment in a hierarchical structure HL01 must begin with "1" and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01.				
Not Used	HL02	734	INDUSTRY: Hierar	rchical ID Number	0	AN 1/12	
		-	Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to				
Required	HL03	735	Hierarchical Level	Code	M	ID 1/2	
			Code defining the c	haracteristic of a level in a hierarchical st	ructur	re	
			INDUSTRY: Hierar	rchical Level Code			
			20	Information Source			
				Identifies the payor, maintainer, or source information	e of t	the	
Required	HL04	736	Hierarchical Child		O	ID 1/1	
			Code indicating if the level being describe INDUSTRY: Hierard				
			1	Hierarchical Structure.	.11 111	11113	

Segment:  ${\bf PRV}$  Billing/Pay-to Provider Specialty Information

**Position:** 003

**Loop:** 2000A Mandatory

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify the identifying characteristics of a provider

Syntax Notes: Semantic Notes: Comments:

**Notes:** Required if the Rendering Provider is the same entity as the Billing Provider and/or the

Pay-to Provider. In these cases, the Rendering Provider is being identified at this level for

all subsequent claims/encounters in this HL and Loop ID-2310B is not used.

This PRV is not used when the Billing or Pay-to Provider is a group and the individual Rendering Provider is in loop 2310B. The PRV segment is then coded with the

Rendering Provider in loop 2310B.

PRV02 qualifies PRV03.

	Ref.	Data	<b>Data Element Summary</b>		
	Des.	Element	Name	Attr	ibutes
Required	PRV01	1221	Provider Code	_	ID 1/3
			Code identifying the type of provider		
			INDUSTRY: Provider Code		
			BI Billing		
			PT Pay-To		
Required	PRV02	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
			ZZ is used to indicate the "Health Care Provider Taxonomy" (provider specialty code) which is available on the Washingt Company web site: http://www.wpc-edi.com. This taxonomy the Blue Cross Blue Shield Association and ASC X12N TG2	on Pu	blishing aintained by
			INDUSTRY: Reference Identification Qualifier ZZ Mutually Defined Health Care Provider Taxonomy Code I	ist	
Required	PRV03	127	Reference Identification	M	AN 1/30
•			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier ALIAS: Provider Specialty Code	Set o	r as
			Provider Specialty Code		
			NSF Reference: BA0-22.0		
Not Used	PRV04	156	INDUSTRY: Provider Taxonomy Code State or Province Code	o	ID 2/2
			Code (Standard State/Province) as defined by appropriate go	vernn	ent agency
Not Used	PRV05	C035	<b>Provider Specialty Information</b>	O	
			To provide provider specialty information		
Not Used	C03501	1222	Provider Specialty Code	M	AN 1/3
			Code indicating the primary specialty of the provider, as defined receiver	ned b	y the
Not Used	C03502	559	Agency Qualifier Code	O	ID 2/2

			Code identifying the agency assigning the code values		
Not Used	C03503	1073	Yes/No Condition or Response Code	O	ID 1/1
			Code indicating a Yes or No condition or response		
Not Used	PRV06	1223	Provider Organization Code	O	ID 3/3
			Code identifying the organizational structure of a provider		

Segment: CUR Foreign Currency Information

Position: 010

**Loop:** 2000A Mandatory

Level: Detail
Usage: Optional
Max Use: 1

Purpose:

To specify the currency (dollars, pounds, francs, etc.) used in a transaction

**Syntax Notes:** 

- If CUR08 is present, then CUR07 is required.
   If CUR09 is present, then CUR07 is required.
- 3 If CUR10 is present, then at least one of CUR11 or CUR12 is required.
- 4 If CUR11 is present, then CUR10 is required.
- 5 If CUR12 is present, then CUR10 is required.
- 6 If CUR13 is present, then at least one of CUR14 or CUR15 is required.
- 7 If CUR14 is present, then CUR13 is required.
- 8 If CUR15 is present, then CUR13 is required.
- 9 If CUR16 is present, then at least one of CUR17 or CUR18 is required.
- 10 If CUR17 is present, then CUR16 is required.11 If CUR18 is present, then CUR16 is required.
- 12 If CUR19 is present, then at least one of CUR20 or CUR21 is required.
- 13 If CUR20 is present, then CUR19 is required.
- 14 If CUR21 is present, then CUR19 is required.

# **Semantic Notes:**

# Comments: Notes:

1 See Figures Appendix for examples detailing the use of the CUR segment.

The CUR segment is required if financial amounts submitted in this ST-SE envelop are for services provided in a currency that is NOT normally used by the receiver for processing claims. For example, claims submitted by United States (U.S.) providers to U.S. receivers are assumed to be in U.S. dollars. Claims submitted by Canadian providers to Canadian receivers are assumed to be in Canadian dollars. Claims submitted by Canadian providers to U.S. receivers are assumed to be in Canadian dollars. In that case the CUR would be used to indicate that the billed amounts are in Canadian dollars.

In cases where COB is involved, adjudicated adjustments and amounts must also be in the currency indicated here.

	Ref.	Data	Data Element Summary		
	Des.	Element	Name	Attı	ributes
Required	CUR01	98	Entity Identifier Code	M	ID 2/3
-			Code identifying an organizational entity, a physical location individual INDUSTRY: Entity Identifier Code	, prop	perty or an
			•		
	CHIDAA	100	8		TD 2/2
Required	CUR02	100	Currency Code	M	ID 3/3
			Code (Standard ISO) for country in whose currency the char	ges a	re specified
			INDUSTRY: Currency Code		
Not Used	CUR03	280	Exchange Rate	O	R 4/10
			Value to be used as a multiplier conversion factor to convert	mone	etary value
			from one currency to another		•
Not Used	CUR04	98	<b>Entity Identifier Code</b>	0	ID 2/3
			Code identifying an organizational entity, a physical location	, prop	perty or an
			individual		. •
Not Used	CUR05	100	Currency Code	O	ID 3/3
			Code (Standard ISO) for country in whose currency the charge	ges aı	re specified
Not Used	CUR06	669	Currency Market/Exchange Code	O	ID 3/3
			Code identifying the market upon which the currency exchar	ige ra	te is based
Not Used	CUR07	374	Date/Time Qualifier	X	ID 3/3
			Code specifying type of date or time, or both date and time		

DRAFT					
Not Used	CUR08	373	Date	O	<b>DT 8/8</b>
			Date expressed as CCYYMMDD		
Not Used	CUR09	337	Time	O	TM 4/8
Not Used	CUR10	374	Time expressed in 24-hour clock time as follows: HHMM, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M 59), S = integer seconds (00-59) and DD = decimal seconds; are expressed as follows: D = tenths (0-9) and DD = hundred <b>Date/Time Qualifier</b>	= mi decin	nutes (00- nal seconds
Not Oseu	CURIU	3/4	Code specifying type of date or time, or both date and time	Λ	11) 3/3
Not Used	CUR11	373	Date	X	DT 8/8
110t Oscu	COMII	373	Date expressed as CCYYMMDD	21	D1 0/0
Not Used	CUR12	337	Time	X	TM 4/8
110t Oscu	CORTZ	557	Time expressed in 24-hour clock time as follows: HHMM, or		
No.4 Time I	CUD12	27.4	HHMMSSD, or HHMMSSDD, where H = hours (00-23), M 59), S = integer seconds (00-59) and DD = decimal seconds; are expressed as follows: D = tenths (0-9) and DD = hundred	= mi decin ths ((	nutes (00- mal seconds 00-99)
Not Used	CUR13	374	Date/Time Qualifier  Code apositiving type of data or time or both data and time	X	ID 3/3
Not Used	CUR14	373	Code specifying type of date or time, or both date and time  Date	X	DT 8/8
Not Oseu	CUKI4	373	Date expressed as CCYYMMDD	Λ	D1 0/0
Not Used	CUR15	337	Time	X	TM 4/8
Not Used	CUR16	374	Time expressed in 24-hour clock time as follows: HHMM, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M 59), S = integer seconds (00-59) and DD = decimal seconds; are expressed as follows: D = tenths (0-9) and DD = hundred <b>Date/Time Qualifier</b>	· HHI = mi decin	MMSS, or nutes (00- nal seconds
			Code specifying type of date or time, or both date and time		
Not Used	CUR17	373	Date	$\mathbf{X}$	<b>DT 8/8</b>
			Date expressed as CCYYMMDD		
Not Used	CUR18	337	Time	$\mathbf{X}$	TM 4/8
			Time expressed in 24-hour clock time as follows: HHMM, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M 59), S = integer seconds (00-59) and DD = decimal seconds; are expressed as follows: D = tenths (0-9) and DD = hundred	= mi decin	nutes (00- nal seconds
Not Used	CUR19	374	Date/Time Qualifier	$\mathbf{X}$	ID 3/3
			Code specifying type of date or time, or both date and time		
Not Used	CUR20	373	Date	X	<b>DT 8/8</b>
			Date expressed as CCYYMMDD		
Not Used	CUR21	337	Time	X	TM 4/8
			Time expressed in 24-hour clock time as follows: HHMM, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M 59), S = integer seconds (00-59) and DD = decimal seconds; are expressed as follows: D = tenths (0-9) and DD = hundred	= mi decin	nutes (00- nal seconds

NM1 Billing Provider Name **Segment:** 

**Position:** 015

> 2010AA Loop: Optional (Must Use)

Level: Detail

Usage: Optional (Must Use)

Max Use:

**Notes:** 

**Purpose:** To supply the full name of an individual or organizational entity If either NM108 or NM109 is present, then the other is required. **Syntax Notes:** 

If NM111 is present, then NM110 is required.

**Semantic Notes:** NM102 qualifies NM103.

**Comments:** NM110 and NM111 further define the type of entity in NM101.

> Although the name of this loop/segment is "Billing Provider" the loop/segment really identifies the billing entity. The billing entity does not have to be a health care provider to use this loop. However, some payers do not accept claims from non-provider billing entities.

Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules.

	D. C	D 4	Data Element Summary		
	Ref. Des.	Data Element	Name	Att	<u>ributes</u>
Required	<u>bes.</u> NM101	98	Entity Identifier Code		ID 2/3
-			Code identifying an organizational entity, a physical	location, pro	perty or an
			individual		
			INDUSTRY: Entity Identifier Code		
			85 Billing Provider		
			Use this code to indicate billing	-	lling
Required	NM102	1065	submitter, and encounter report Entity Type Qualifier	ing entity.	ID 1/1
Required	11111102	1002	Code qualifying the type of entity	1,1	10 1/1
			INDUSTRY: Entity Type Qualifier		
			1 Person		
			Non-Person Entity		
Required	NM103	1035	Name Last or Organization Name	0	AN 1/35
<b>1</b>			Individual last name or organizational name		
			ALIAS: Billing Provider Name		
			NSF Reference: BA0-18.0 or BA0-19.0		
			INDUSTRY: Billing Provider Last or Organizational		
Situatio	NM104	1036	Name First	0	AN 1/25
			Individual first name		
			Required if NM102=1 (person).		
			ALIAS: Billing Provider Name		
			NSF Reference: BA0-20.0		
Situatio	NM105	1037	INDUSTRY: Billing Provider First Name Name Middle	0	AN 1/25
		• •	Individual middle name or initial	3	· <b>-,</b>
			Required if NM102=1 and the middle name/initial of	the person is	s known.
			•	1	
			ALIAS: Billing Provider Name		

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NSF Reference: BA0-21.0

Not Used Situatio	NM106 NM107	1038 1039	INDUSTRY: Billing Provider Middle Name Name Prefix Prefix to individual name Name Suffix Suffix to individual name Required if known.	o o	AN 1/10 AN 1/10
Required	NM108	66	ALIAS: Billing Provider Name  INDUSTRY: Billing Provider Name Suffix  Identification Code Qualifier  Code designating the system/method of code structure used for Identification Code (67)  If "XX - NPI" is used, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in the REF in this loo		
Required	NM109	67	INDUSTRY: Identification Code Qualifier  24 Employer's Identification Number  34 Social Security Number  XX Health Care Financing Administration In Identifier  Identifier  Identification Code  Code identifying a party or other code  ALIAS: Billing Provider Primary Identification Number  NSF Reference: BA0-09.0, CA0-28.0, BA0-02.0, BA1-02.0, 06.0, BA0-10.0, BA0-12.0, BA0-13.0, BA0-14.0, BA0-15.0, 17.0, BA0-24.0, YA0-06.0	<b>X</b> , YA0	AN 2/80 0-02.0, BA0-
Not Used	NM110	706	INDUSTRY: Billing Provider Identifier  Entity Relationship Code  Code describing entity relationship	X	ID 2/2
Not Used	NM111	98	Entity Identifier Code  Code identifying an organizational entity, a physical location individual	O n, prop	ID 2/3 perty or an

Segment: N2 Additional Billing Provider Name Information

**Position:** 020

**Loop:** 2010AA Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify additional names or those longer than 35 characters in length

Syntax Notes: Semantic Notes: Comments:

Notes: Required if the name in NM103 is greater than 35 characters. See example in Loop ID-

1000A Submitter, NM1 and N2 for how to handle long names.

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Billing Provider Additional Name	Attr M	ibutes AN 1/60
Not Used	N202	93	INDUSTRY: Billing Provider Additional Name Name Free-form name	O	AN 1/60

N3 Billing Provider Address **Segment:** 

**Position:** 025

Loop: Level: 2010AA Optional (Must Use)

Detail

**Usage:** Optional (Must Use)

Max Use:

**Purpose:** To specify the location of the named party

Syntax Notes: Semantic Notes: **Comments:** 

	Ref.	Data			•
	Des.	<b>Element</b>	Name	_	<u>ributes</u>
Required	N301	166	Address Information	$\mathbf{M}$	AN 1/55
			Address information		
			ALIAS: Billing Provider Address 1		
			NSF Reference: BA1-07.0, BA1-13.0		
			INDUSTRY: Billing Provider Address Line		
Situatio	N302	166	Address Information	O	AN 1/55
			Address information		
			Required if a second address line exists.		
			ALIAS: Billing Provider Address 2		
			NSF Reference: BA1-08.0, BA1-14.0		
			INDUSTRY: Billing Provider Address Line		

Segment: N4 Billing Provider City/State/ZIP Code

**Position:** 030

**Loop:** 2010AA Optional (Must Use)

Level: Detail

**Usage:** Optional (Must Use)

Max Use:

Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 is required.

Semantic Notes: Comments:

A combination of either N401 through N404, or N405 and N406 may be adequate to

specify a location.

2 N402 is required only if city name (N401) is in the U.S. or Canada.

Required	Ref. <u>Des.</u> N401	Data <u>Element</u> 19	Name City Name Free-form text for city name ALIAS: Billing Provider's City	Attr O	ributes AN 2/30
Required	N402	156	NSF Reference: BA1-09.0, BA1-15.0  INDUSTRY: Billing Provider City Name  State or Province Code  Code (Standard State/Province) as defined by appropriate gor ALIAS: Billing Provider's State	<b>O</b> vernm	ID 2/2 nent agency
Required	N403	116	NSF Reference: BA1-10.0, BA1-16.0  INDUSTRY: Billing Provider State or Province Code  Postal Code  Code defining international postal zone code excluding punct (zip code for United States)  ALIAS: Billing Provider's Zip Code	<b>O</b> tuatio	<b>ID 3/15</b> n and blanks
Situatio	N404	26	NSF Reference: BA1-11.0, BA1-17.0  INDUSTRY: Billing Provider Postal Zone or ZIP Code Country Code  Code identifying the country  Required if the address is out of the U.S.	0	ID 2/3
Not Used	N405 N406	309 310	ALIAS: Billing Provider Country Code  INDUSTRY: Country Code  Location Qualifier  Code identifying type of location  Location Identifier	x o	ID 1/2 AN 1/30
			Code which identifies a specific location		

Segment: REF Billing Provider Secondary Identification

**Position:** 035

**Loop:** 2010AA Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 8

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.

Comments:

**Notes:** 

Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM108/9 in this loop.

If the reason the number is being used in this REF can be met by the NPI, carried in the NM108/09 of this loop, then this REF is not used.

If "code XX - NPI" is used in the NM108/09 of this loop, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in this REF. The number sent is the one which is used on the 1099. If additional numbers are needed the REF can be run up to 8 times.

			Data Elem	ent Summary		
	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>			<u>ributes</u>
Required	REF01	128	Reference Identific	_	M	ID 2/3
			Code qualifying the	e Reference Identification		
			INDUSTRY: Refer	ence Identification Qualifier		
			0B	State License Number		
			1A	Blue Cross Provider Number		
			1B	Blue Shield Provider Number		
			1C	Medicare Provider Number		
			1D	Medicaid Provider Number		
			1G	Provider UPIN Number		
			1H	CHAMPUS Identification Number		
			1J	Facility ID Number		
			В3	Preferred Provider Organization Numb	er	
			BQ	Health Maintenance Organization Code	e Num	ıber
				A unique number assigned to each indi	vidual	l Health
				Maintenance Organization (HMO) hea	lth ins	urance plan
			FI	(assigned by the HMO)		
			EI	Employer's Identification Number		
			FH	Clinic Number		
				A unique number identifying the clinic rendered services	locati	on that
			G2	Provider Commercial Number		
			<b>02</b>	A unique number assigned to a provide	er by a	commercial
				insurer	- 0 j u	• • • • • • • • • • • • • • • • • • • •
			G5	Provider Site Number		
				A unique code identifying the provider	's spec	eific
				department or office location for intern	al rout	ting of
			* * * * * * * * * * * * * * * * * * * *	electronic claims		
			LU	Location Number		
			SY	Social Security Number		

DRAFT						
				The social security number may not be Medicare.	used 1	for
			U3	Unique Supplier Identification Number	(USI	N)
			X5	State Industrial Accident Provider Num	ber	
Required	REF02	127	Reference Identifi	Reference Identification		
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier ALIAS: Billing Provider Secondary Identification Number			
			Corresponds to: BA	A0-09.0		
				A0-28.0, BA0-02.0, BA1-02.0, YA0-06.0, A0-13.0, BA0-14.0, BA0-15.0, BA0-16.0, A0-02.0		
			INDUSTRY: Billin	ng Provider Additional Identifier		
Not Used	REF03	352	Description		$\mathbf{X}$	AN 1/80
			A free-form descri	ption to clarify the related data elements ar	nd the	eir content
Not Used	REF04	C040	Reference Identif	ier	O	
			To identify one or specified by the Re	more reference numbers or identification reference Qualifier	umbe	ers as
Not Used	C04001	128	Reference Identif	ication Qualifier	M	ID 2/3
			Code qualifying th	e Reference Identification		
Not Used	C04002	127	Reference Identifi	cation	$\mathbf{M}$	AN 1/30
				tion as defined for a particular Transaction eference Identification Qualifier	Set o	or as
Not Used	C04003	128	Reference Identif	ication Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying th	e Reference Identification		
Not Used	C04004	127	Reference Identifi	cation	$\mathbf{X}$	AN 1/30
			Reference information	tion as defined for a particular Transaction	Set o	or as
Not Used	C04005	128	specified by the Reference Identification	eference Identification Qualifier ication Qualifier	X	ID 2/3
			Code qualifying th	e Reference Identification		
Not Used	C04006	127	Reference Identif	cation	$\mathbf{X}$	AN 1/30
				tion as defined for a particular Transaction eference Identification Qualifier	Set o	or as

 ${f REF}$  Credit/Debit Card Billing Information **Segment:** 

**Position:** 035

> 2010AA Loop: Optional (Must Use)

Level: Detail **Usage:** Optional Max Use:

**Purpose:** To specify identifying information

At least one of REF02 or REF03 is required. **Syntax Notes:** 

If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:** 

**Notes:** 

REF04 contains data relating to the value cited in REF02.

See Appendix G for use of this segment.

The information carried under this segment must never be sent to the payer. This information is only for use between a provider and a service organization offering patient

collection services. In this case, it is the responsibility of the collection service organization to remove this segment before forwarding the claim to the payer.

	D C	D 4	Data E	dement Summary		
	Ref. Des.	Data Element	<u>Name</u>		Δtt	<u>ributes</u>
Required	REF01	128		ntification Qualifier	M	ID 2/3
1				g the Reference Identification		
			= -	deference Identification Qualifier		
			06	System Number		
				A unique number assigned by the ma	nufactu	rer to
				identify the initial computer system s		
			8U	Bank Assigned Security Identifier		
			EM	Electronic Payment Reference Number	er	
			IJ	Standard Industry Classification (SIC	) Code	
			LU	Location Number		
			RB	Rate code number		
			ST	Store Number		
			TT	Terminal Code		
				A code assigned by a transportation c	arrier th	nat identifies
ъ	DEE02	105	D.C. 11	a freight terminal	<b>X</b> 7	A NI 1/20
Required	REF02	127	Reference Idea		X	AN 1/30
			specified by the	rmation as defined for a particular Transaction Reference Identification Qualifier	on Set o	or as
Not Used	REF03	352	Description	illing Provider Credit Card Identifier	X	AN 1/80
Not Osed	KEFUS	354	-	scription to clarify the related data elements		
Not Used	REF04	C040	Reference Idea		and the	en comen
Not Osed	KEFU4	C040		or more reference numbers or identification	_	O#G 0.G
				e Reference Qualifier	1 Hullio	c18 as
Not Used	C04001	128		ntification Qualifier	M	ID 2/3
			Code qualifying	g the Reference Identification		
Not Used	C04002	127	Reference Idea	- ntification	M	AN 1/30
			Reference infor	mation as defined for a particular Transaction	on Set	or as
				e Reference Identification Qualifier		
Not Used	C04003	128		ntification Qualifier	X	ID 2/3
				g the Reference Identification		
Not Used	C04004	127	Reference Idea		X	AN 1/30
			Reference infor	rmation as defined for a particular Transaction	on Set o	or as
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Not Used	C04005	128	specified by the Reference Identification Qualifier <b>Reference Identification Qualifier</b>	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as

Segment: PER Billing Provider Contact Information

**Position:** 040

**Loop:** 2010AA Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 2

**Purpose:** To identify a person or office to whom administrative communications should be directed

**Syntax Notes:** 1 If either PER03 or PER04 is present, then the other is required.

2 If either PER05 or PER06 is present, then the other is required.

3 If either PER07 or PER08 is present, then the other is required.

# **Semantic Notes:** Comments:

**Notes:** Required if this information is different that that contained in the Loop 1000A - Submitter PER segment.

When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g., (534) 224-2525 would be represented as 534224255). The extension, when applicable, should be included in the communication number immediately after the telephone number.

There are 2 repetitions of the PER segment to allow for six possible combination of communication numbers including extensions.

			Data Element Summary		
	Ref.	Data			
	Des.	Element	Name	Attr	ibutes
Required	PER01	366	Contact Function Code	M	ID 2/2
_			Code identifying the major duty or responsibility of the perso	n or s	group named
			INDUSTRY: Contact Function Code		9 - nr
			IC Information Contact		
	DEDAG	0.2		•	1374/60
Required	PER02	93	Name	O	AN 1/60
			Free-form name		
			Use this data element when the name of the individual to cont	act is	not already
			defined or is different than the name within the prior name se	gmen	t (e.g. N1 or
			NM1).		
			INDUCTOV. Dilling Dravidar Contact Name		
Required	PER03	365	INDUSTRY: Billing Provider Contact Name Communication Number Qualifier	X	ID 2/2
Required	I LIKUJ	303	~	21	110 2/2
			Code identifying the type of communication number		
			INDUSTRY: Communication Number Qualifier		
			EM Electronic Mail		
			FX Facsimile		
			TE Telephone		
Required	PER04	364	<b>Communication Number</b>	$\mathbf{X}$	AN 1/80
			Complete communications number including country or area	code	when
			applicable		
			NSF Reference: BA1-12.0, BA1-18.0		
			NAME OF THE PARTY		
G*4 4*	DED 0.5	265	INDUSTRY: Communication Number	<b>T</b> 7	TD 0/0
Situatio	PER05	365	Communication Number Qualifier	X	ID 2/2
			Code identifying the type of communication number		
			Used at the discretion of the billing provider.		

DRAFT						
			INDUSTRY	: Communication Number Qualifier		
			EM	Electronic Mail		
			EX	Telephone Extension		
			FX	Facsimile		
			TE	Telephone		
Situatio	PER06	364	Communica	ation Number	$\mathbf{X}$	AN 1/80
			Complete co	ommunications number including country or area	a code	when
			applicable			
			Used at the	discretion of the billing provider.		
			INDUSTRY	: Communication Number		
Situatio	PER07	365	Communica	ation Number Qualifier	X	ID 2/2
			Code identif	ying the type of communication number		
			Used at the	discretion of the billing provider.		
			INDUSTRY	: Communication Number Qualifier		
			EM	Electronic Mail		
			EX	Telephone Extension		
			FX	Facsimile		
			TE	Telephone		
Situatio	PER08	364	Communica	ation Number	$\mathbf{X}$	AN 1/80
			Complete co	ommunications number including country or area	a code	when
			Used at the	discretion of the billing provider.		
			INDUSTRY	: Communication Number		
Not Used	PER09	443	Contact Inc	quiry Reference	O	AN 1/20
			Additional r	eference number or description to clarify a conta	act nur	nber

NM1 Pay-to Provider Name **Segment:** 

**Position:** 015

> 2010AB Loop: Optional

Level: Detail Usage: Optional Max Use:

**Purpose:** To supply the full name of an individual or organizational entity **Syntax Notes:** If either NM108 or NM109 is present, then the other is required.

If NM111 is present, then NM110 is required.

**Semantic Notes:** NM102 qualifies NM103.

NM110 and NM111 further define the type of entity in NM101. **Comments:** 

Required if the Pay-to Provider is a different entity than the Billing Provider. **Notes:** 

> Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Data Element Summary						
	Ref. Des.	Data <u>Element</u>	Name	Attr	<u>ibutes</u>	
Required	<u>Des.</u> NM101	98	Entity Identifier Code	M	ID 2/3	
			Code identifying an organizational entity, a physical locat	on, prop	perty or an	
			individual INDUSTRY: Entity Identifier Code			
			87 Pay-to Provider			
Required	NM102	1065	Entity Type Qualifier	M	ID 1/1	
1			Code qualifying the type of entity			
			INDUSTRY: Entity Type Qualifier			
			1 Person			
			If Person is used and if the pay-to pr			
			person as the rendering provider, it is			
			the Rendering Provider NM1 loop at (Loop ID-2300).	me cian	п 100р	
			Non-Person Entity			
			If Non-Person Entity is used then the			
			NM1 loop (Loop ID-2310B) must be			
			appropriate to identify the person wh services.	o render	rea tne	
Required	NM103	1035	Name Last or Organization Name	O	AN 1/35	
			Individual last name or organizational name			
			ALIAS: Pay-to Provider Last or Organizational Name			
			NSF Reference: BA0-18.0 or BA0-19.0			
Situatio	NM104	1036	INDUSTRY: Pay-to Provider Last or Organizational Nam Name First	e <b>O</b>	AN 1/25	
			Individual first name			
			Required if NM102=1 (person).			
			ALIAS: Pay-to Provider First Name			
			NSF Reference: BA0-20.0			
Situatio	NM105	1037	INDUSTRY: Pay-to Provider First Name Name Middle	o	AN 1/25	
			Individual middle name or initial			

Required if NM102=1 and the middle name/initial of the person is known.

ALIAS: Pay-to Provider Middle Name

NSF Reference: BA0-21.0

INDUSTRY: Pay-to Provider Middle Name

Not Used NM106 1038 Name Prefix O AN 1/10

Prefix to individual name

Situatio NM107 1039 Name Suffix O AN 1/10

Suffix to individual name Required if known.

ALIAS: Pay-to Provider Name Suffix

INDUSTRY: Pay-to Provider Name Suffix

Required NM108 66 Identification Code Qualifier X ID 1/2

Code designating the system/method of code structure used for Identification

Code (67)

If "XX - NPI" is used, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in the REF in this loop.

INDUSTRY: Identification Code Qualifier

24 Employer's Identification Number

34 Social Security Number

The social security number may not be used for

Medicare.

XX Health Care Financing Administration National Provider

Identifier

Required NM109 67 Identification Code X AN 2/80

Code identifying a party or other code

ALIAS: Pay-to Provider Primary Identification Number

NSF Reference: BA0-09.0, CA0-28.0, BA0-02.0, BA1-02.0, YA0-02.0, BA0-06.0, BA0-10.0, BA0-12.0, BA0-13.0, BA0-14.0, BA0-15.0, BA0-16.0, BA0-

17.0, BA0-24.0, YA0-06.0

INDUSTRY: Pay-to Provider Identifier

Not Used NM110 706 Entity Relationship Code X ID 2/2

Code describing entity relationship

Not Used NM111 98 Entity Identifier Code O ID 2/3

Code identifying an organizational entity, a physical location, property or an

individual

N2 Additional Pay-to Provider Name Information **Segment:** 

**Position:** 020

Loop: 2010AB Optional

Level: Detail **Usage:** Optional Max Use:

To specify additional names or those longer than 35 characters in length **Purpose:** 

**Syntax Notes: Semantic Notes: Comments:** 

Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names. **Notes:** 

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Pay-to Provider Additional Name	Attr M	ibutes AN 1/60
Not Used	N202	93	INDUSTRY: Pay-to Provider Additional Name Name Free-form name	O	AN 1/60

N3 Pay-to Provider Address **Segment:** 

Position: 025

Loop: Level: 2010AB Optional

Detail

**Usage:** Optional (Must Use)

Max Use:

To specify the location of the named party **Purpose:** 

Syntax Notes: Semantic Notes: **Comments:** 

Required	Ref. <u>Des.</u> N301	Data <u>Element</u> 166	Name Address Information		ributes AN 1/55
			Address information		
			ALIAS: Pay-to Provider Address 1		
			NSF Reference: BA1-13.0, BA1-07.0		
			INDUSTRY: Pay-to Provider Address Line		
Situatio	N302	166	Address Information	O	AN 1/55
			Address information		
			Required if a second address line exists.		
			ALIAS: Pay-to Provider Address 2		
			NSF Reference: BA1-14.0, BA1-08.0		
			INDUSTRY: Pay-to Provider Address Line		

Segment: N4 Pay-to Provider City/State/ZIP Code

**Position:** 030

Loop: 2010AB Optional

Level: Detail

**Usage:** Optional (Must Use)

Max Use:

Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 is required.

**Semantic Notes:** 

Comments: 1 A combination of either N401 through N404, or N405 and N406 may be adequate to

specify a location.

2 N402 is required only if city name (N401) is in the U.S. or Canada.

	Ref.	Data	Data Element Summary		
	Des.	Element	<u>Name</u>	Attr	<u>ibutes</u>
Required	N401	19	City Name	O	AN 2/30
			Free-form text for city name		
			ALIAS: Pay-to Provider City Name		
			NSF Reference: BA1-15.0, BA1-09.0		
			INDUSTRY: Pay-to Provider City Name		
Required	N402	156	State or Province Code	O	ID 2/2
			Code (Standard State/Province) as defined by appropriate go	vernm	ent agency
			ALIAS: Pay-to Provider State Code		
			NSF Reference: BA1-16.0, BA1-10.0		
			INDUSTRY: Pay-to Provider State Code		
Required	N403	116	Postal Code	O	ID 3/15
			Code defining international postal zone code excluding punct	uatio	n and blanks
			(zip code for United States)		
			ALIAS: Pay-to Provider Zip Code		
			NSF Reference: BA1-17.0, BA1-11.0		
			INDUSTRY: Pay-to Provider Postal Zone or ZIP Code		
Situatio	N404	26	Country Code	O	ID 2/3
			Code identifying the country		
			Required if the address is out of the U.S.		
			ALIAS: Pay-to Provider Country Code		
			INDUSTRY: Country Code		
Not Used	N405	309	Location Qualifier	X	ID 1/2
			Code identifying type of location		
Not Used	N406	310	Location Identifier	O	AN 1/30
			Code which identifies a specific location		

 ${f REF}$  Pay-to-Provider Secondary Identification **Segment:** 

Position: 035

> 2010AB Loop: Optional

Level: Detail **Usage:** Optional Max Use:

**Purpose:** To specify identifying information

**Syntax Notes:** At least one of REF02 or REF03 is required.

If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:** 

**Notes:** 

REF04 contains data relating to the value cited in REF02.

Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.

If "code XX - NPI" is used in the NM108/09 of this loop, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in this REF. The number sent is the one which is used on the 1099. If additional numbers are needed the REF can be run up to 5 times.

Data Element Summary						
	Ref.	Data				
	Des.	Element 120	Name		Attributes	
Required	REF01	128	Reference Identifi	_	M ID 2/3	
				e Reference Identification		
				ence Identification Qualifier		
			0B	State License Number		
			1A	Blue Cross Provider Number		
			1B	Blue Shield Provider Number		
			1C	Medicare Provider Number		
			1D	Medicaid Provider Number		
			1G	Provider UPIN Number		
			1H	CHAMPUS Identification Number		
			1J	Facility ID Number		
			В3	Preferred Provider Organization Numb	per	
			BQ	Health Maintenance Organization Cod	e Number	
				A unique number assigned to each indi		
				Maintenance Organization (HMO) hea	Ith insurance plan	
			EI	(assigned by the HMO) Employer's Identification Number		
			FH	Clinic Number		
			ГН		. 1 41 4	
				A unique number identifying the clinic rendered services	location that	
			G2	Provider Commercial Number		
				A unique number assigned to a provide	er by a commercial	
				insurer	,	
			G5	Provider Site Number		
				A unique code identifying the provider	•	
				department or office location for intern	al routing of	
			LU	electronic claims Location Number		
			SY			
			31	Social Security Number	used for	
				The social security number may not be Medicare.	used 101	
			U3	Unique Supplier Identification Number	r (USIN)	
				1 11	` '	

DIGHT			X5 State Industrial Accident Provider Nu	mbor	
Danning	DEE03	107			A NI 1/20
Required	REF02	127	Reference Identification Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier ALIAS: Pay-to Provider Additional Identifier	X on Set o	<b>AN 1/30</b> or as
			NSF Reference: BA0-09.0, CA0-28.0, BA0-02.0, BA1-02.06.0, BA0-10.0, BA0-12.0, BA0-13.0, BA0-14.0, BA0-15.17.0, BA0-24.0, YA0-06.0		
			INDUSTRY: Pay-to Provider Identifier		
Not Used	REF03	352	Description	X	AN 1/80
			A free-form description to clarify the related data elements	and the	eir content
Not Used	REF04	C040	Reference Identifier	O	
			To identify one or more reference numbers or identification specified by the Reference Qualifier	numb	
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	$\mathbf{M}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	n Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier		
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	n Set o	or as

Segment: HL Subscriber Hierarchical Level

Position: 001

**Loop:** 2000B Mandatory

Level: Detail
Usage: Mandatory

Max Use:

Purpose: To identify dependencies among and the content of hierarchically related groups of data

segments

Syntax Notes: Semantic Notes:

**Comments:** 

1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.

The HL segment defines a top-down/left-right ordered structure.

- 2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
- 3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
- 4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
- 5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

**Notes:** 

If the insured and the patient are the same person, use this HL to identify the insured/patient, skip the subsequent (PATIENT) HL, and proceed directly to Loop ID-2300.

The Subscriber HL contains information about the person who is listed as the subscriber/insured for the destination payer entity (Loop ID-2010BA). The Subscriber HL contains information identifying the subscriber (Loop ID-2010BA), his or her insurance (Loop ID-2010BB), and responsible party (Loop ID-2010BC). In addition, information about the credit/debit card holder is placed in this HL (Loop ID-2010BD). The credit/debit card holder may or may not be the subscriber. See Appendix G, Credit/Debit Card Use, for a description of using Loop ID-2010BD.

Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules.

Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Subscriber Hierarchical Level loops, there is an implied maximum of 5000.

Required	Ref. <u>Des.</u> HL01	Data <u>Element</u> 628	Name Hierarchical ID Number		ributes AN 1/12
			A unique number assigned by the sender to identify a particular in a hierarchical structure INDUSTRY: Hierarchical ID Number	ılar da	ta segment
Required	HL02	734	Hierarchical Parent ID Number	O	AN 1/12
			Identification number of the next higher hierarchical data se segment being described is subordinate to INDUSTRY: Hierarchical Parent ID Number	gment	that the data

#### Required HL03 735 Hierarchical Level Code M ID 1/2

Code defining the characteristic of a level in a hierarchical structure INDUSTRY: Hierarchical Level Code

22 Subscriber

Identifies the employee or group member who is covered for insurance and to whom, or on behalf of whom, the insurer agrees to pay benefits

#### Required HL04 736 Hierarchical Child Code

O ID 1/1

Code indicating if there are hierarchical child data segments subordinate to the level being described

The claim loop (Loop ID-2300) can be used both when HL04 has no subordinate levels (HL04 = 0) or when HL04 has subordinate levels indicated (HL04 = 1).

In the first case (HL04 = 0), the subscriber is the patient and there are no dependent claims. The second case (HL04 = 1) happens when claims/encounters for both the subscriber and a dependent of theirs are being sent under the same billing provider HL (e.g., a father and son are both involved in the same automobile accident and are treated by the same provider). In that case, the subscriber HL04 = 1 because there is a dependent to this subscriber, but the 2300 loop for the subscriber/patient (father) would begin after the subscriber HL. The dependent HL (son) would then be run and the 2300 loop for the dependent/patient would be run after that HL. HL04=1 would also be used when a claim/encounter for a only a dependent is being sent.

INDUSTRY: Hierarchical Child Code

0 No Subordinate HL Segment in This Hierarchical

Structure.

1 Additional Subordinate HL Data Segment in This

Hierarchical Structure.

SBR Subscriber Information **Segment:** 

**Position:** 005

2000B Loop: Mandatory

Level: Detail

**Usage:** Optional (Must Use)

Max Use:

To record information specific to the primary insured and the insurance carrier for that **Purpose:** 

**Syntax Notes:** 

**Semantic Notes:** 1 SBR02 specifies the relationship to the person insured.

- SBR03 is policy or group number.
- SBR04 is plan name.

SBR07 is destination payer code. A "Y" value indicates the payer is the destination payer; an "N" value indicates the payer is not the destination payer.

**Comments:** 

			Data Element Summary
Required	Ref. <u>Des.</u> SBR01	Data Element 1138	Name Attributes Payer Responsibility Sequence Number Code M ID 1/1
			Code identifying the insurance carrier's level of responsibility for a payment of
			a claim ALIAS: Payer Responsibility Sequence Number Code
			ALIAS. Fayer Responsionity Sequence Number Code
			NSF Reference: DA1-02.0, DA0-02.0, DA2-02.0
			INDUSTRY: Payer Responsibility Sequence Number Code
			P Primary
			S Secondary
			T Tertiary
			Use to indicate 'payer of last resort'.
Situatio	SBR02	1069	Individual Relationship Code O ID 2/2
			Code indicating the relationship between two individuals or entities
			Required when the subscriber is the same person as the patient. If the
			subscriber is not the same person as the patient, do not use this element.
			ALIAS: Relationship Code
			NSF Reference: DA0-17.0
			INDUSTRY: Individual Relationship Code 18 Self
Situatio	SBR03	127	Reference Identification O AN 1/30
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Required if the subscriber's payer identification includes Group or Plan Number. This data element is intended to carry the subscriber's Group Number, not the number that uniquely identifies the subscriber (Subscriber ID, Loop 2010BA-NM109).
			ALIAS: Group or Policy Number
			NSF Reference: DA0-10.0
Situatio	SBR04	93	INDUSTRY: Insured Group or Policy Number Name O AN 1/60

Free-form name

Required if the subscriber's payer identification includes a Group or Plan Name.

ALIAS: Group or Plan Name

NSF Reference: DA0-11.0

INDUSTRY: Insured Group Name

Situatio SBR05 1336 Insurance Type Code O ID 1/3

Code identifying the type of insurance policy within a specific insurance program

Required when the destination payer (Loop 2010BB) is Medicare and Medicare is not the primary payer (SBR01 equals "S" or "T").

ALIAS: Insurance type code

NSF Reference: DA0-06.0

INDUSTRY:	Insurance	Type	Code
-----------	-----------	------	------

INDUSTRT. IIISura	nce Type Code			
12	Medicare Secondary Working Aged Bene	eficia	ıry o	r
	Spouse with Employer Group Health Pla	.n		
13	Medicare Secondary End-Stage Renal D	iseas	e	
	Beneficiary in the 12 month coordination	ı peri	od v	vith an
	employer's group health plan			
14	Medicare Secondary, No-fault Insurance	inclu	ıdin	g Auto
	is Primary			
15	Medicare Secondary Worker's Compensa	ation		
16	Medicare Secondary Public Health Service	ce (P	HS)	or
	Other Federal Agency			
41	Medicare Secondary Black Lung			
42	Medicare Secondary Veteran's Administr	ation	l	
43	Medicare Secondary Disabled Beneficiar	y Un	der .	Age 65
	with Large Group Health Plan (LGHP)	•		
47	Medicare Secondary, Other Liability Insu	ıranc	e is	Primary
Coordination of Be	nefits Code	O	ID	1/1

Not Used	SBR06	1143	Coordination of Benefits Code	O	ID 1/1	
			Code identifying whether there is a coordination of benefits			
Not Used	SBR07	1073	Yes/No Condition or Response Code	O	ID 1/1	
			Code indicating a Yes or No condition or response			
Not Used	SBR08	584	<b>Employment Status Code</b>	O	ID 2/2	
			Code showing the general employment status of an employee	/clai	mant	
Situatio	SBR09	1032	Claim Filing Indicator Code	0	ID 1/2	

Code identifying type of claim

Required prior to mandated used of PlanID. Not used after PlanID is mandated.

ALIAS: Claim Filing Indicator Code

#### INDUSTRY: Claim Filing Indicator Code

09	Self-pay
10	Central Certification
	CA0-23.0 (K), DA0-05.0 (K)
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)

15 Indemnity Insurance 16 Health Maintenance Organization (HMO) Medicare Risk AM Automobile Medical BL Blue Cross/Blue Shield CA0-23.0 (G), DA0-05.0 (G), CA0-23.0 (P), DA0-05.0 Champus CH CA0-23.0 (H), DA0-05.0 (H) CI Commercial Insurance Co. CA0-23.0 (F), DA0-05.0 (F) DS Disability HMHealth Maintenance Organization CA0-23.0 (I), DA0-05.0 (I) LI Liability LM Liability Medical MB Medicare Part B CA0-23.0 (C), DA0-05.0 (C) MC Medicaid CA0-23.0 (D), DA0-05.0 (D) OF Other Federal Program CA0-23.0 (E), DA0-05.0 (E) TVTitle V DA0-05.0 (T) VA Veteran Administration Plan DA0-05.0 (V) WC Workers' Compensation Health Claim CA0-23.0 (B), DA0-05.0 (B) 7.7. Mutually Defined CA0-23.0 (Z), DA0-05.0 (Z)

Segment: PAT Patient Information

**Position:** 007

**Loop:** 2000B Mandatory

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To supply patient information

**Syntax Notes:** 1 If either PAT05 or PAT06 is present, then the other is required.

2 If either PAT07 or PAT08 is present, then the other is required.

**Semantic Notes:** 1 PAT06 is the date of death.

2 PAT08 is the patient's weight.

3 PAT09 indicates whether the patient is pregnant or not pregnant. Code "Y" indicates the patient is pregnant; code "N" indicates the patient is not pregnant.

**Comments:** 

**Notes:** Required if the subscriber is the same person as the patient (Loop ID-2000B SBR02=18),

and information in this PAT segment (date of death, and/or patient weight) is necessary

to file the claim/encounter (see PAT05, 06, 07, and 08).

			Data Element Summary		
	Ref.	Data Element	Name	Attrib	utos
Not Used	<u>Des.</u> PAT01	1069	Individual Relationship Code		<u>utes</u> D 2/2
1,00 0,00		2007	Code indicating the relationship between two indiv	_	2 -, -
Not Used	PAT02	1384	Patient Location Code		D 1/1
1,00 0,000	v=	200.	Code identifying the location where patient is rece	_	, _
Not Used	PAT03	584	Employment Status Code		D 2/2
			Code showing the general employment status of an	n employee/claima	nt
Not Used	PAT04	1220	Student Status Code		D 1/1
			Code indicating the student status of the patient if	19 years of age or	older, not
			handicapped and not the insured		
Situatio	PAT05	1250	Date Time Period Format Qualifier		D 2/3
			Code indicating the date format, time format, or da	te and time format	t
			Required if patient is known to be deceased.		
			INDUSTRY: Date Time Period Format Qualifier		
			D8 Date Expressed in Format CC	CYYMMDD	
Situatio	PAT06	1251	Date Time Period		N 1/35
			Expression of a date, a time, or range of dates, time	es or dates and tim	nes
			Required if patient is known to be deceased.		
			T		
			ALIAS: Date of Death		
			NSF Reference: CA0-21.0		
			Tibl Reference. Crio 21.0		
			INDUSTRY: Insured Individual Death Date		
Situatio	PAT07	355	Unit or Basis for Measurement Code		D 2/2
			Code specifying the units in which a value is being	g expressed, or ma	nner in
			which a measurement has been taken Required on claims/encounters for delivery services	es (newborn's hirth	weight)
			required on claims/encounters for derivery service	es (newborn's birth	iweight).
			INDUSTRY: Unit or Basis for Measurement Code	;	
			GR Gram		
			This data element is used who	en the patient's age	is less
Situatio	PAT08	81	than 29 days old. <b>Weight</b>	X F	R 1/10
Situativ	1 1 1 1 0 0	01	Numeric value of weight	A	X 1/ 1U
			Trumene value of weight		

This data element is used when the patient's age is less than 29 days. Required on (1) claims/encounters for delivery services (newborn's birthweight) and (2) claims/encounters involving EPO (epoetin) for patients on dialysis and Medicare Durable Medical Equipment Regional Carriers certificate of medical necessity (DMERC CMN) 02.03 and 10.02.

ALIAS: Patient Weight

NSF Reference: FA0-44.0, GU0-17.0

INDUSTRY: Patient Weight

Situatio PAT09 1073 Yes/No Condition or Response Code

O ID 1/1

Code indicating a Yes or No condition or response

Required when required by state law (e.g., Indiana Medicaid). The "Y" code indicates the patient/subscriber is pregnant. If PAT09 is not used it indicates that the patient/subscriber is not pregnant.

ALIAS: Pregnancy Indicator

INDUSTRY: Pregnancy Indicator Y Yes

Segment: NM1 Subscriber Name

**Position:** 015

**Loop:** 2010BA Optional (Must Use)

Level: Detail

**Usage:** Optional (Must Use)

Max Use:

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

If NM111 is present, then NM110 is required.

Semantic Notes: 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

**Notes:** In worker's compensation or other property and casualty claims, the "subscriber" may be

a non-person entity (i.e., the employer). However, this varies by state.

Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules.

	Data Element Summary						
	Ref.	Data Florant	Nome	A 44-	.:ht.ca		
Required	<u>Des.</u> NM101	Element 98	Name Entity Identifier Code	M	ributes ID 2/3		
•			Code identifying an organizational entity, a physical location	, prop	perty or an		
			individual				
			INDUSTRY: Entity Identifier Code				
D	NT 5100	106	IL Insured or Subscriber		TD 4/4		
Required	NM102	1065	Entity Type Qualifier	M	<b>ID</b> 1/1		
			Code qualifying the type of entity				
			INDUSTRY: Entity Type Qualifier				
			1 Person				
D	NN/102	1025	2 Non-Person Entity	•	A NI 1/25		
Required	NM103	1035	Name Last or Organization Name	0	AN 1/35		
			Individual last name or organizational name ALIAS: Subscriber Last Name				
			ALIAS: Subscriber Last Name				
			NSF Reference: CA0-04.0, DA0-19.0				
Situatio	NM104	1036	INDUSTRY: Subscriber Last Name Name First	0	AN 1/25		
Situatio	11111101	1000	Individual first name	Ü	1111 1/20		
			Required if NM102=1 (person).				
			ALIAS: Subscriber First Name				
			NSF Reference: CA0-05.0, DA0-20.0				
Situatio	NM105	1037	INDUSTRY: Subscriber First Name Name Middle Individual middle name or initial	0	AN 1/25		
			Required if NM102=1 and the middle name/initial of the personal states of the personal states are stated as a state of the personal states are stated as a state of the personal states are stated as a state of the personal states are stated as a state of the personal states are stated as a state of the personal stated as a state of the personal stated as a state of the personal stated as a state of the personal stated as a state of the personal stated as a state of the personal stated as a state of the personal stated as a stated	son is	KIIOWII.		
			ALIAS: Subscriber Middle Name				
			NSF Reference: CA0-06.0, DA0-21.0				
Not Used	NM106	1038	INDUSTRY: Subscriber Middle Name Name Prefix	0	AN 1/10		

DRAFT Prefix to individual name Situatio NM107 1039 Name Suffix O AN 1/10 Suffix to individual name Required if known. Examples: I, II, III, IV, Jr, Sr ALIAS: Subscriber Generation NSF Reference: CA0-07.0, DA0-22.0 INDUSTRY: Subscriber Name Suffix Situatio **NM108** 66 **Identification Code Qualifier** X ID 1/2 Code designating the system/method of code structure used for Identification Code (67) Required if NM102 = 1 (person) INDUSTRY: Identification Code Qualifier Member Identification Number MI The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number. Therefore the 837 Professional Workgroup recommends using MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Health Insurance Claim Number (HIC), etc. MI is also intended to be used in claims submitted to the Indian Health Service/Contract Health Services (IHS/CHS) Fiscal Intermediary for the purpose of reporting the Tribe Residency Code (Tribe County State). In the event that a Social Security Number is also available on an IHS/CHS claim, put the SSN in REF02. 77. Mutually Defined The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this

NM109 67 Identification Code X AN 2/80

transaction.

Code identifying a party or other code Required if NM102 = 1 (person)

ALIAS: Subscriber Primary Identifier

NSF Reference: DA0-18.0, CA1-05.0, CA1-06.0

INDUSTRY: Subscriber Primary Identifier

Not Used NM110 706 Entity Relationship Code X ID 2/2

Code describing entity relationship

Not Used NM111 98 Entity Identifier Code O ID 2/3

Code identifying an organizational entity, a physical location, property or an

individual

Situatio

Segment: N2 Additional Subscriber Name Information

**Position:** 020

**Loop:** 2010BA Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify additional names or those longer than 35 characters in length

Syntax Notes: Semantic Notes: Comments:

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-

1000A Submitter, NM1 and N2 for how to handle long names.

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Subscriber's Additional Name Information	Attr M	ibutes AN 1/60
Not Used	N202	93	INDUSTRY: Subscriber Supplemental Description Name Free-form name	0	AN 1/60

Segment: N3 Subscriber Address

**Position:** 025

**Loop:** 2010BA Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify the location of the named party

Syntax Notes: Semantic Notes: Comments:

**Notes:** Required if the patient is the same person as the subscriber. (Required when Loop ID-

2000B, SBR02=18 (self)).

**Data Element Summary** 

Ref. Data Des. **Element** <u>Name</u> **Attributes** Required N301 **Address Information** M AN 1/55 166 Address information ALIAS: Subscriber Address 1 NSF Reference: CA0-11.0, DA2-04.0 INDUSTRY: Subscriber Address Line Situatio N302 166 **Address Information** O AN 1/55 Address information Required if a second address line exists. ALIAS: Subscriber Address 2 NSF Reference: CA0-12.0, DA2-05.0

Segment: N4 Subscriber City/State/ZIP Code

**Position:** 030

**Loop:** 2010BA Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 is required.

**Semantic Notes:** 

**Comments:** 1 A combination of either N401 through N404, or N405 and N406 may be adequate to

specify a location.

2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** Required if the patient is the same person as the subscriber. (Required when Loop ID-

2000B, SBR02=18 (self)).

			Data Element Summary		
Required	Ref. <u>Des.</u> N401	Data <u>Element</u> 19	Name City Name	Attı O	ributes AN 2/30
			Free-form text for city name		
			ALIAS: Subscriber City Name		
			NSF Reference: DA2-06.0, CA0-13.0		
Required	N402	156	INDUSTRY: Subscriber City Name State or Province Code	0	ID 2/2
1			Code (Standard State/Province) as defined by appropriate go	vernn	nent agency
			ALIAS: Subscriber State Code		e ,
			NSF Reference: CA0-14.0, DA2-07.0		
Required	N403	116	INDUSTRY: Subscriber State Code Postal Code	0	ID 3/15
·			Code defining international postal zone code excluding punc (zip code for United States) ALIAS: Subscriber Zip Code	tuatio	n and blanks
			NSF Reference: CA0-15.0, DA2-08.0		
Situatio	N404	26	INDUSTRY: Subscriber Postal Zone or ZIP Code Country Code	o	ID 2/3
			Code identifying the country		
			Required if the address is out of the U.S.		
			ALIAS: Subscriber Country Code		
			INDUSTRY: Country Code		
Not Used	N405	309	Location Qualifier	X	ID 1/2
NI.4 II J	NIAOZ	210	Code identifying type of location	•	A NI 1/20
Not Used	N406	310	Location Identifier	0	AN 1/30
			Code which identifies a specific location		

Segment:  $\mathbf{DMG}$  Subscriber Demographic Information

**Position:** 032

**Loop:** 2010BA Optional (Must Use)

Level: Detail
Usage: Optional

Max Use:

**Purpose:** To supply demographic information

**Syntax Notes:** 1 If either DMG01 or DMG02 is present, then the other is required.

**Semantic Notes:** 1 DMG02 is the date of birth.

2 DMG07 is the country of citizenship.

3 DMG09 is the age in years.

**Comments:** 

Notes: Required if the patient is the same person as the subscriber. (Required when Loop ID-

2000B, SBR02=18 (self)).

			Data Element Summary	Data Element Summary							
Required	Ref. <u>Des.</u> DMG01	Data Element 1250	Name Date Time Period Format Qualifier	Attı X	ributes ID 2/3						
			Code indicating the date format, time format, or date and time INDUSTRY: Date Time Period Format Qualifier	e forr	nat						
			D8 Date Expressed in Format CCYYMMD	D							
Required	DMG02	1251	Date Time Period	$\mathbf{X}$	AN 1/35						
•			Expression of a date, a time, or range of dates, times or dates	and 1	times						
			ALIAS: Patient Birth Date								
			Date of Birth - Patient								
			NSF Reference: CA0-08.0, DA0-24.0								
Required	DMG03	IG03 1068	INDUSTRY: Subscriber Birth Date Gender Code	0	ID 1/1						
1104411104	21.1000	1000	Code indicating the sex of the individual		12 1/1						
			ALIAS: Patient Gender Code								
			Gender - Patient								
			NSF Reference: CA0-09.0, DA0-23.0								
			INDUSTRY: Subscriber Gender Code								
			F Female								
			M Male								
			U Unknown								
Not Used	DMG04	1067	Marital Status Code	O	ID 1/1						
			Code defining the marital status of a person								
Not Used	DMG05	1109	Race or Ethnicity Code	O	ID 1/1						
			Code indicating the racial or ethnic background of a person; reported; Under certain circumstances this information is coll States Government statistical purposes								
Not Used	DMG06	1066	Citizenship Status Code	O	ID 1/2						
			Code indicating citizenship status								
Not Used	DMG07	26	Country Code	0	ID 2/3						
			Code identifying the country								
Not Used	DMG08	659	Basis of Verification Code	0	ID 1/2						
			Code indicating the basis of verification								

Not Used DMG09 380 Quantity O R 1/15

Numeric value of quantity

 ${f REF}$  Subscriber Secondary Identification **Segment:** 

**Position:** 035

2010BA Loop: Optional (Must Use)

Level: Detail **Usage:** Optional Max Use:

**Purpose:** To specify identifying information

At least one of REF02 or REF03 is required. **Syntax Notes:** 

If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:** 

**Notes:** 

REF04 contains data relating to the value cited in REF02.

Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.

			Data E	Clement Summary		
	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>			<u>ributes</u>
Required	REF01	128		ntification Qualifier	M	ID 2/3
			•	g the Reference Identification		
			INDUSTRY: R	Reference Identification Qualifier		
			1W	Member Identification Number		
				Unique identification number assigned	d to eac	ch member
				under a subscriber's contract		
				If $NM108 = M1$ do not use this code.		
			23	Client Number		
				This code is intended to be used only		
				to the Indian Health Service/Contract		
				(IHS/CHS) Fiscal Intermediary for the reporting the Health Record Number.	; purpo	ise of
			IG	Insurance Policy Number		
			SY	Social Security Number		
				The social security number may not be	e used '	for
				Medicare.		
Required	REF02	127	Reference Idea	ntification	X	AN 1/30
			specified by the	mation as defined for a particular Transaction Reference Identification Qualifier ubscriber Supplemental Identifier	on Set o	or as
Not Used	REF03	352	Description		X	AN 1/80
_,,,,,			-	scription to clarify the related data elements	and the	
Not Used	REF04	C040	Reference Idea		0	
1100 0500	TELL O	2010		or more reference numbers or identification	•	ers as
				e Reference Qualifier	· maino	<b>215 U</b> 5
Not Used	C04001	128		ntification Qualifier	$\mathbf{M}$	ID 2/3
			Code qualifying	g the Reference Identification		
Not Used	C04002	127	Reference Idea	ntification	M	AN 1/30
			Reference infor	rmation as defined for a particular Transaction	on Set o	or as
				e Reference Identification Qualifier		
Not Used	C04003	128		ntification Qualifier	X	ID 2/3
			Code qualifying	g the Reference Identification		
Not Used	C04004	127	Reference Idea	ntification	X	AN 1/30
				rmation as defined for a particular Transaction	on Set o	or as
NIA TI F	C04005	120		e Reference Identification Qualifier	₹7	ID 2/2
Not Used	C04005	128		ntification Qualifier	X	ID 2/3
			Code qualifying	g the Reference Identification		

Not Used C04006 127 Reference Identification X AN 1/30

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Segment: REF Property and Casualty Claim Number

**Position:** 035

**Loop:** 2010BA Optional (Must Use)

Level: Detail
Usage: Optional

Max Use: 1

**Notes:** 

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

Semantic Notes: Comments: 1 REF04 contains data relating to the value cited in REF02.

In the case where the patient is the same person as the subscriber, the property and casualty claim number is placed in Loop ID-2010BA. In the case where the patient is a different person than the subscriber, this number is placed in Loop ID-2010CA. This number should be transmitted in only one place.

This is a property and casualty payer-assigned claim number. It is required on property and casualty claims. Providers receive this number from the property and casualty payer during eligibility determinations or some other communication with that payer. See Section 4.2, Property and Casualty, for additional information about property and casualty claims.

	Ref.	Data	Suita Biomono Summur y		
	Des.	<b>Element</b>	<u>Name</u>		<u>ributes</u>
Required	REF01	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
			INDUSTRY: Reference Identification Qualifier		
			Y4 Agency Claim Number		
Required	REF02	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier INDUSTRY: Property Casualty Claim Number	Set o	or as
Not Used	REF03	352	Description	$\mathbf{X}$	AN 1/80
			A free-form description to clarify the related data elements a	nd the	eir content
Not Used	REF04	C040	Reference Identifier	O	
Not Used	C04001	128	To identify one or more reference numbers or identification a specified by the Reference Qualifier <b>Reference Identification Qualifier</b>	numbe <b>M</b>	ers as ID 2/3
Not Useu	C04001	120		IVI	11) 2/3
NI 4 TI 1	C0 4003	105	Code qualifying the Reference Identification	3.6	A N. 1 /20
Not Used	C04002	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as

Segment: NM1 Payer Name

**Position:** 015

**Loop:** 2010BB Optional (Must Use)

Level: Detail

**Usage:** Optional (Must Use)

Max Use:

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

2 If NM111 is present, then NM110 is required.

Semantic Notes: 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

**Notes:** This is the destination payer.

Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules.

	Ref.	Data	Data Element Summary		
	Des.	Element	<u>Name</u>	Attı	<u>ributes</u>
Required	NM101	98	Entity Identifier Code	$\mathbf{M}$	ID 2/3
			Code identifying an organizational entity, a physical location	, proj	perty or an
			individual		
			INDUSTRY: Entity Identifier Code		
			PR Payer		
Required	NM102	1065	Entity Type Qualifier	M	ID 1/1
			Code qualifying the type of entity		
			INDUSTRY: Entity Type Qualifier		
			2 Non-Person Entity		
Required	NM103	1035	Name Last or Organization Name	O	AN 1/35
			Individual last name or organizational name		
			ALIAS: Payer Name		
			NSF Reference: DA0-09.0		
			INDUSTRY: Payer Name		
Not Used	NM104	1036	Name First	O	AN 1/25
			Individual first name		
Not Used	NM105	1037	Name Middle	O	AN 1/25
			Individual middle name or initial		
Not Used	NM106	1038	Name Prefix	O	AN 1/10
			Prefix to individual name		
Not Used	NM107	1039	Name Suffix	O	AN 1/10
			Suffix to individual name		
Required	NM108	66	Identification Code Qualifier	$\mathbf{X}$	ID 1/2
			Code designating the system/method of code structure used for Code (67) INDUSTRY: Identification Code Qualifier PI Payor Identification	or Id	entification
			•	.т. <i>г</i>	1.0
			XV Health Care Financing Administration I Identification Number (PAYERID)	Natio	nai Payer
Required	NM109	67	Identification Code	X	AN 2/80
-			Code identifying a party or other code		
			ALIAS: Payer Primary Identifier		
			•		
			NSF Reference: DA0-07.0		

Not Used	NM110	706	INDUSTRY: Payer Identifier  Entity Relationship Code	X	ID 2/2
			Code describing entity relationship		
Not Used	NM111	98	Entity Identifier Code	O	ID 2/3
			Code identifying an organizational entity, a physical location individual	, prop	perty or an

N2 Additional Payer Name Information **Segment:** 

**Position:** 020

Loop: 2010BB Optional (Must Use)

Level: Detail **Usage:** Optional Max Use:

**Purpose:** To specify additional names or those longer than 35 characters in length

**Syntax Notes: Semantic Notes: Comments:** 

Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names. **Notes:** 

Required	Ref. <u>Des.</u> N201	Data <u>Element</u> 93	Name Name Free-form name ALIAS: Payer Additional Name Information	Attributes M AN 1/60	
Not Used	N202	93	INDUSTRY: Payer Additional Name Name Free-form name	O	AN 1/60

Segment: N3 Payer Address

Position: 025

**Loop:** 2010BB Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify the location of the named party

Syntax Notes: Semantic Notes: Comments:

**Notes:** Payer Address is required when the submitter intends for the claim to be printed on paper

at the next EDI location (e.g., a clearinghouse).

**Data Element Summary** 

Ref. Data Des. **Element** <u>Name</u> **Attributes** Required N301 166 **Address Information** M AN 1/55 Address information ALIAS: Payer Address 1 NSF Reference: DA1-04.0 INDUSTRY: Payer Address Line 166 Situatio N302 **Address Information** O AN 1/55 Address information Required if a second address line exists. ALIAS: Payer Address 2 NSF Reference: DA1-05.0

Segment: N4 Payer City/State/ZIP Code

**Position:** 030

**Loop:** 2010BB Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify the geographic place of the named partySyntax Notes: 1 If N406 is present, then N405 is required.

**Semantic Notes:** 

**Comments:** 1 A combination of either N401 through N404, or N405 and N406 may be adequate to

specify a location.

2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** Payer Address is required when the submitter intends for the claim to be printed on paper

at the next EDI location (e.g., a clearinghouse).

			Data Element Summary		
Required	Ref. <u>Des.</u> N401	Data <u>Element</u> 19	Name City Name	Attı O	ributes AN 2/30
			Free-form text for city name		
			ALIAS: Payer City Name		
			NSF Reference: DA1-06.0		
Required	N402	156	INDUSTRY: Payer City Name State or Province Code	0	ID 2/2
Required	11402	130	Code (Standard State/Province) as defined by appropriate go	_	
			ALIAS: Payer State Code	· 011111	nent agency
			NSF Reference: DA1-07.0		
Required	N403	116	INDUSTRY: Payer State Code Postal Code	0	ID 3/15
•			Code defining international postal zone code excluding punc (zip code for United States) ALIAS: Payer Zip Code	tuatio	on and blanks
			NSF Reference: DA1-08.0		
Situatio	N404	26	INDUSTRY: Payer Postal Zone or ZIP Code Country Code	o	ID 2/3
			Code identifying the country		
			Required if the address is out of the U.S.		
			ALIAS: Payer Country Code		
•• • • •	N. 40 -	• • •	INDUSTRY: Country Code		<b>TD</b> 4/5
Not Used	N405	309	Location Qualifier	X	ID 1/2
Na4 IIaa J	NIAOC	210	Code identifying type of location	0	A NI 1/20
Not Used	N406	310	Location Identifier	О	AN 1/30
			Code which identifies a specific location		

REF Payer Secondary Identification **Segment:** 

**Position:** 035

2010BB Loop: Optional (Must Use)

Level: Detail **Usage:** Optional Max Use:

**Purpose:** To specify identifying information

At least one of REF02 or REF03 is required. **Syntax Notes:** 

If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:** 

**Notes:** 

REF04 contains data relating to the value cited in REF02.

Required if additional identification numbers other than the primary identification number in NM108/09 in this loop are necessary to adjudicate the claim/encounter.

Required	Ref. <u>Des.</u> REF01	Data Element 128	Name Reference Iden	tification Qualifier	Attı M	ributes ID 2/3
			Code qualifying the Reference Identification			
			INDUSTRY: Re	eference Identification Qualifier		
			2U	Payer Identification Number		
			Used to identify any payer.			
			FY	Claim Office Number		
			NF	The identification of the specific payer designated as responsible for the submational Association of Insurance Cor (NAIC) Code A unique number assigned to each insurance con the control of the specific payer assigned to each insurance control of the specific payer assigned to each insurance control of the specific payer designated as a second of the specific payer designated as a second of the specific payer designated as responsible for the submatical payer designated as responsible for the submatical payer designated as responsible for the submatical payer designated as responsible for the submatical payer designated as responsible for the submatical payer designated as responsible for the submatical payer designated as responsible for the submatical payer designated as responsible for the submatical payer designated as responsible for the submatical payer designated as responsible for the submatical payer designated as responsible for the submatical payer designated as responsible for the submatical payer designated as responsible for the payer designated as respons	nitted o nmissi	claim oners
			TJ	Federal Taxpayer's Identification Num	ber	
Required	REF02	127	Reference Iden	tification	X	AN 1/30
				nation as defined for a particular Transactio Reference Identification Qualifier DA0-08.0	n Set o	or as
			INDUSTRY: Pa	yer Additional Identifier		
Not Used	REF03	352	Description	•	$\mathbf{X}$	AN 1/80
			A free-form des	cription to clarify the related data elements	and the	eir content
Not Used	REF04	C040	Reference Iden	tifier	O	
			•	or more reference numbers or identification	numb	ers as
N T	G0.4004	100		Reference Qualifier		TD 2/2
Not Used	C04001	128		tification Qualifier	M	ID 2/3
Not Used	C04002	127	Reference Iden	the Reference Identification	M	AN 1/30
Not Oseu	C04002	127		nation as defined for a particular Transactio		
				Reference Identification Qualifier	n set (	n as
Not Used	C04003	128		tification Qualifier	X	ID 2/3
			Code qualifying	the Reference Identification		
Not Used	C04004	127	Reference Iden	tification	$\mathbf{X}$	AN 1/30
			specified by the	nation as defined for a particular Transactio Reference Identification Qualifier	n Set o	or as
Not Used	C04005	128		tification Qualifier	X	ID 2/3
				the Reference Identification		
Not Used	C04006	127	Reference Iden		X	AN 1/30
			Reference inform	mation as defined for a particular Transactio	n Set o	or as

Segment: NM1 Responsible Party Name

**Position:** 015

**Notes:** 

Loop: 2010BC Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

2 If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

In general terms, the responsible party is someone who is not the subscriber/patient but who has financial responsibility for the bill.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required for Medicare claims where there is a representative but the provider of medical services has neither the responsible party's signature nor the patient's signature on file. When a Medicare beneficiary is unable to execute a request for payment because of a mental or physical condition, the request may be executed on the beneficiary's behalf by a legal guardian, representative payee, relative, friend, an employee of the institution providing care, or an employee of a governmental agency providing assistance. In this circumstance, unless the requester is a representative payee for the beneficiary, the claim must show the signature and address of the requester with an attached statement explaining the relationship between the requester and the beneficiary, and why the beneficiary can't sign. This information must be on the claim unless it is on file with the provider.

			Data Eleme	ent Summary		
	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>		Attr	<u>ibutes</u>
Required	NM101	98	Entity Identifier Co	ode	M	ID 2/3
			Code identifying an individual NSF Reference: CA	organizational entity, a physical location, 0-25.0	prop	perty or an
			INDUSTRY: Entity QD	Identifier Code Responsible Party		
			-	Person responsible for the affairs of the services rendered	perso	on having
Required	NM102	1065	<b>Entity Type Qualifi</b>	ier	$\mathbf{M}$	<b>ID</b> 1/1
			Code qualifying the	type of entity		
			INDUSTRY: Entity	Type Qualifier		
			1	Person		
			2	Non-Person Entity		
Required	NM103	1035	Name Last or Orga	nization Name	O	AN 1/35
_			_	or organizational name		
			ALIAS: Responsible	Party Last or Organization Name		
			NSF Reference: CB0	0-04.0		
Situatio	NM104	1036	Name First	nsible Party Last or Organization Name	o	AN 1/25
			Individual first name			
			Required if NM102=	=1 (person).		

Αl	LL	AS	5: I	Res	ponsi	ible	Party	First	Name
----	----	----	------	-----	-------	------	-------	-------	------

NSF Reference: CB0-05.0

Situatio	NM105	1037	INDUSTRY: Responsible Party First Name Name Middle Individual middle name or initial Required if NM102=1 and the middle name/initial of the pers ALIAS: Responsible Party Middle Name NSF Reference: CB0-06.0	O son is	AN 1/25 known.
Not Used	NM106	1038	INDUSTRY: Responsible Party Middle Name Name Prefix	O	AN 1/10
_,,,,	- 1-1		Prefix to individual name		
Situatio	NM107	1039	Name Suffix	O	AN 1/10
	- 1-1		Suffix to individual name		
			Required if known.		
			ALIAS: Responsible Party Generation  INDUSTRY: Responsible Party Suffix Name		
Not Used	NM108	66	Identification Code Qualifier	$\mathbf{X}$	ID 1/2
			Code designating the system/method of code structure used f Code (67)	or Ide	entification
Not Used	NM109	67	<b>Identification Code</b>	$\mathbf{X}$	AN 2/80
			Code identifying a party or other code		
Not Used	NM110	706	Entity Relationship Code	$\mathbf{X}$	ID 2/2
			Code describing entity relationship		
Not Used	NM111	98	Entity Identifier Code	O	ID 2/3
			Code identifying an organizational entity, a physical location individual	, prop	erty or an

N2 Additional Responsible Party Name Information **Segment:** 

**Position:** 020

Loop: 2010BC Optional

Level: Detail **Usage:** Optional Max Use:

To specify additional names or those longer than 35 characters in length **Purpose:** 

**Syntax Notes: Semantic Notes: Comments:** 

Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names. **Notes:** 

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Responsible Party Additional Name Information	Attr M	ibutes AN 1/60
Not Used	N202	93	INDUSTRY: Responsible Party Additional Name Name Free-form name	O	AN 1/60

Segment: N3 Responsible Party Address

**Position:** 025

Loop: 2010BC Optional

Level: Detail

Usage: Optional (Must Use)

Max Use: 1

**Purpose:** To specify the location of the named party

Syntax Notes: Semantic Notes: Comments:

**Data Element Summary** 

Ref. Data Des. **Element Name Attributes** Required N301 166 **Address Information** M AN 1/55 Address information ALIAS: Responsible Party Address 1 NSF Reference: CB0-07.0 INDUSTRY: Responsible Party Address Line N302 166 O AN 1/55 Situatio **Address Information** Address information Required if a second address line exists. ALIAS: Responsible Party Address 2 NSF Reference: CB0-08.0

INDUSTRY: Responsible Party Address Line

Segment: N4 Responsible Party City/State/ZIP Code

**Position:** 030

**Loop:** 2010BC Optional

Level: Detail

**Usage:** Optional (Must Use)

Max Use:

Purpose: To specify the geographic place of the named partySyntax Notes: 1 If N406 is present, then N405 is required.

**Semantic Notes:** 

**Comments:** 1 A combination of either N401 through N404, or N405 and N406 may be adequate to

specify a location.

2 N402 is required only if city name (N401) is in the U.S. or Canada.

	Ref.	Data	Data Element Summary		
	Des.	Element	<u>Name</u>	Attr	<u>ibutes</u>
Required	N401	19	City Name	O	AN 2/30
			Free-form text for city name		
			ALIAS: Responsible Party City Name		
			NSF Reference: CB0-09.0		
			INDUSTRY: Responsible Party City Name		
Required	N402	156	State or Province Code	O	ID 2/2
			Code (Standard State/Province) as defined by appropriate go	vernm	ent agency
			ALIAS: Responsible Party State Code		
			NSF Reference: CB0-10.0		
			INDUSTRY: Responsible Party State Code		
Required	N403	116	Postal Code	O	ID 3/15
			Code defining international postal zone code excluding punc	tuatio	n and blanks
			(zip code for United States)		
			ALIAS: Responsible Party Zip Code		
			NSF Reference: CB0-11.0		
			INDUSTRY: Responsible Party Postal Zone or ZIP Code		
Situatio	N404	26	Country Code	O	ID 2/3
			Code identifying the country		
			Required if the address is out of the U.S.		
			ALIAS: Responsible Party Country Code		
			INDUSTRY: Country Code		
Not Used	N405	309	Location Qualifier	X	ID 1/2
			Code identifying type of location		
Not Used	N406	310	Location Identifier	O	AN 1/30
			Code which identifies a specific location		

NM1 Credit/Debit Card Holder Name **Segment:** 

**Position:** 015

**Notes:** 

2010BD Loop: Optional

Level: Detail **Usage:** Optional Max Use:

**Purpose:** To supply the full name of an individual or organizational entity **Syntax Notes:** If either NM108 or NM109 is present, then the other is required.

If NM111 is present, then NM110 is required.

**Semantic Notes:** NM102 qualifies NM103.

**Comments:** NM110 and NM111 further define the type of entity in NM101.

> It is not intended that credit/debit card information be conveyed to a health care payer. Trading partners are responsible for ensuring that no federal or state privacy regulations are violated if credit/debit card information is carried in the transmission.

The information carried under this segment must never be sent to the payer. This information is only for use between a provider and a service organization offering patient collection services. In this case, it is the responsibility of the collection service organization to remove this segment before forwarding the claim to the payer.

Data Element Summary						
	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>		Attr	<u>ibutes</u>
Required	NM101	98	<b>Entity Identifier Code</b>		M	ID 2/3
				ganizational entity, a physical location,	prop	erty or an
			individual			
			INDUSTRY: Entity Ide			
			_	ccount Of		
Required	NM102	1065	<b>Entity Type Qualifier</b>		M	ID 1/1
			Code qualifying the typ	•		
			INDUSTRY: Entity Ty	pe Qualifier		
			1 Pe	erson		
			2 No	on-Person Entity		
Required	NM103	1035	Name Last or Organiz	zation Name	O	AN 1/35
			Individual last name or	organizational name		
			ALIAS: Credit/Debit C	Card Holder Name		
				Debit Card Holder Last or Organization		
Situatio	NM104	1036	Name First		O	AN 1/25
			Individual first name			
			Required if NM102=1	(person).		
			ATTAC C 12/D 12/C	N 111 11 N		
			ALIAS: Credit/Debit C	ard Holder Name		
			INDUSTRY: Credit or	Debit Card Holder First Name		
Situatio	NM105	1037	Name Middle	Deat Card Horder 1 has I value	O	AN 1/25
			Individual middle name	e or initial		
				and the middle name/initial of the person	on is	known.
			110401100 11 11111102 11	und the image nume, mitter of the person	011 15	
			ALIAS: Credit/Debit C	Card Holder Name		
			INDUSTRY: Credit or	Debit Card Holder Middle Name		
Not Used	NM106	1038	Name Prefix		O	AN 1/10
			Prefix to individual nar	me		
Situatio	NM107	1039	Name Suffix		o	AN 1/10
			Suffix to individual nar	me		
			Surring to more rodul nur			

Required if known.

ALIAS: Credit/Debit Card Holder Name

			ALIAS: Credit/Debit Card Holder Name		
Required	NM108	66	INDUSTRY: Credit or Debit Card Holder Name Suffix <b>Identification Code Qualifier</b>	X	ID 1/2
			Code designating the system/method of code structure used for Identificat		entification
			Code (67)		
			INDUSTRY: Identification Code Qualifier		
			MI Member Identification Number		
Required	NM109	67	Identification Code	$\mathbf{X}$	AN 2/80
			Code identifying a party or other code		
			ALIAS: Credit/Debit Card Number		
			INDUSTRY: Credit or Debit Card Number		
Not Used	NM110	706	<b>Entity Relationship Code</b>	$\mathbf{X}$	ID 2/2
			Code describing entity relationship		
Not Used	NM111	98	<b>Entity Identifier Code</b>	O	ID 2/3
			Code identifying an organizational entity, a physical location individual	on, prop	perty or an

Segment: N2 Additional Credit/Debit Card Holder Name Information

**Position:** 020

Loop: 2010BD Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify additional names or those longer than 35 characters in length

Syntax Notes: Semantic Notes: Comments:

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-

1000A Submitter, NM1 and N2 for how to handle long names.

The information carried under this segment must never be sent to the payer. This information is only for use between a provider and a service organization offering patient collection services. In this case, it is the responsibility of the collection service organization to remove this segment before forwarding the claim to the payer.

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Credit-Debit Card Holder Additional Name Information	M	ributes AN 1/60
Not Used	N202	93	INDUSTRY: Credit or Debit Card Holder Additional Name Name Free-form name	O	AN 1/60

Segment: REF Credit/Debit Card Information

**Position:** 035

Loop: 2010BD Optional

Level: Detail
Usage: Optional
Max Use: 2

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

**Notes:** 

1 REF04 contains data relating to the value cited in REF02.

The information carried under this segment must never be sent to the payer. This information is only for use between a provider and a service organization offering patient collection services. In this case, it is the responsibility of the collection service organization to remove this segment before forwarding the claim to the payer.

			Data Elem	ent Summary			
	Ref.	Data				ributes	
Required	<u>Des.</u> REF01	Element 128	Name  Poforonce Identifie	<u>Name</u> Reference Identification Qualifier			
Required	KETUI	120		Code qualifying the Reference Identification		ID 2/3	
				NDUSTRY: Reference Identification Qualifier			
			AB	Acceptable Source Purchaser ID			
			BB	Authorization Number			
				Proves that permission was obtained to	provi		
Required	REF02	127	Reference Identific	ation	X	AN 1/30	
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
			ALIAS: Credit or D	ebit Card Authorization Number			
			INDUCTOV: Cradit	or Debit Card Authorization Number			
Not Used	REF03	352	<b>Description</b>	of Debit Card Authorization Number	X	AN 1/80	
1100 0500	ALLI VU	002	A free-form descript				
Not Used	REF04	C040	Reference Identifie	•	O	on content	
110t escu	KLI 04	2040		To identify one or more reference numbers or identification numbers			
			specified by the Ref		iuiiio	215 45	
Not Used	C04001	128	Reference Identific		M	ID 2/3	
			Code qualifying the	Reference Identification			
Not Used	C04002	127	Reference Identific	ation	M	AN 1/30	
			Reference information	on as defined for a particular Transaction	Set o	or as	
				erence Identification Qualifier			
Not Used	C04003	128	Reference Identific	•	X	ID 2/3	
			Code qualifying the	Reference Identification			
Not Used	C04004	127	Reference Identific	ation	X	AN 1/30	
				on as defined for a particular Transaction	Set o	or as	
<b>N</b> 7 . <b>T</b> 7 .	G0.400.	120		erence Identification Qualifier	<b>T</b> 7	TD 0/0	
Not Used	C04005	128	Reference Identific	•	X	ID 2/3	
				Reference Identification			
Not Used	C04006	127	Reference Identific		X	AN 1/30	
				on as defined for a particular Transaction erence Identification Qualifier	Set o	or as	

Segment: CLM Claim Information

**Position:** 130

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose:

To specify basic data about the claim

Syntax Notes: Semantic Notes:

- 1 CLM02 is the total amount of all submitted charges of service segments for this claim.
- 2 CLM06 is provider signature on file indicator. A "Y" value indicates the provider signature is on file; an "N" value indicates the provider signature is not on file.
- 3 CLM08 is assignment of benefits indicator. A "Y" value indicates insured or authorized person authorizes benefits to be assigned to the provider; an "N" value indicates benefits have not been assigned to the provider.
- **4** CLM13 is CHAMPUS nonavailability indicator. A "Y" value indicates a statement of non-availability is on file; an "N" value indicates statement of nonavailability is not on file or not necessary.
- 5 CLM15 is charges itemized by service indicator. A "Y" value indicates charges are itemized by service; an "N" value indicates charges are summarized by service.
- 6 CLM18 is exp lanation of benefit (EOB) indicator. A "Y" value indicates that a paper EOB is requested; an "N" value indicates that no paper EOB is requested.

#### **Comments:**

**Notes:** 

Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules.

The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. There is no recommended limit to the number of ST-SE transactions within a GS-GE or ISA-IEA. Willing trading partners can agree to set limits higher.

For purposes of this documentation, the claim detail information is presented only in the dependent level. Specific claim detail information can be given in either the subscriber or the dependent hierarchical level. Because of this the claim information is said to "float." Claim information is positioned in the same hierarchical level that describes its owner-participant, either the subscriber or the dependent. In other words, the claim information, loop 2300, is placed following loop 2010BD in the subscriber hierarchical level when the patient is the subscriber, or it is placed at the patient/dependent hierarchical level when the patient is the dependent of the subscriber as shown here. When the patient is the subscriber, loops 2000C and 2010CA are not sent. See 2.3.2.1, HL Segment, for details.

#### **Data Element Summary**

	Ref.	Data		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attributes</u>
Required	CLM01	1028	Claim Submitter's Identifier	M AN 1/38

Identifier used to track a claim from creation by the health care provider through payment

The number that the submitter transmits in this position is echoed back to the submitter in the 835 and other transactions. This permits the submitter to use the value in this field as a key in the submitter's system to match the claim to the payment information returned in the 835 transaction. The two recommended identifiers are either the Patient Account Number or the Claim Number in the billing submitter's patient management system. The developers of this implementation guide strongly recommend that submitters use completely unique numbers for this field for each individual claim.

The maximum number of characters to be supported for this field is '20'. A provider may submit fewer characters depending upon their needs. However, the HIPAA maximum requirement to be supported by any responding system

Required

CLM05

is '20'. Characters beyond 20 are not required to be stored nor returned by any 837-receiving system.

ALIAS: Patient Account Number

NSF Reference: CA0-03.0, CB0-03.0, DA0-03.0, DA1-03.0, DA2-03.0, EA0-03.0, EA1-03.0, EA2-03.0, FA0-03.0, FB0-03.0, FB1-03.0, FB2-03.0, FD0-03.0, FE0-03.0, GA0-03.0, GC0-03.0, GX0-03.0, GX2-03.0, XA0-03.0, CA1-03.0, GU0-03.0, HA0-03.0

INDUSTRY: Patient Account Number

#### Required CLM02 782 **Monetary Amount**

O R 1/18

Monetary amount

For encounter transmissions, zero (0) may be a valid amount.

**ALIAS: Total Submitted Charges** 

NSF Reference: XA0-12.0

INDUSTRY: Total Claim Charge Amount

**Health Care Service Location Information** 

1032 Not Used CLM03 **Claim Filing Indicator Code** O ID 1/2 Code identifying type of claim Not Used CLM04 1343 Non-Institutional Claim Type Code ID 1/2 Code identifying the type of provider or claim C023

> To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered

> CLM05 applies to all service lines unless it is over written at the line level.

ALIAS: Place of Service Code

NSF Reference: FA0-07.0

#### Required C02301 1331 **Facility Code Value**

M AN 1/2

 $\mathbf{O}$ 

Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format Use this element for codes identifying a place of service from code source 237. As a courtesy, the codes are listed below, however, the code list is thought to be complete at the time of publication of this implementation guideline. Since this list is subject to change, only codes contained in the document available from code source 237 are to be supported in this transaction and take precedence over any and all codes listed here.

- 11 Office
- 12 Home
- 21 Inpatient Hospital
- 22 **Outpatient Hospital**
- 23 Emergency Room - Hospital
- 24 **Ambulatory Surgical Center**
- 25 Birthing Center
- 26 Military Treatment Facility
- 31 **Skilled Nursing Facility**
- **Nursing Facility**
- 33 **Custodial Care Facility**
- 34 Hospice
- 41 Ambulance - Land
- 42. Ambulance - Air or Water
- 51 Inpatient Psychiatric Facility
- 52 Psychiatric Facility Partial Hospitalization
- 53 Community Mental Health Center

DRAFT			54 Intermediate Care Facility/Mentally Retarded
			55 Residential Substance Abuse Treatment Facility
			56 Psychiatric Residential Treatment Center
			50 Federally Qualified Health Center
			60 Mass Immunization Center
			61 Comprehensive Inpatient Rehabilitation Facility
			62 Comprehensive Outpatient Rehabilitation Facility
			65 End Stage Renal Disease Treatment Facility
			71 State or Local Public Health Clinic
			72 Rural Health Clinic
			81 Independent Laboratory 99 Other Unlisted Facility
			99 Other Unlisted Facility
			ALIAS: Facility Type Code
Not Used	C02302	1332	INDUSTRY: Facility Type Code Facility Code Qualifier O ID 1/2
			Code identifying the type of facility referenced
Required	C02303	1325	Claim Frequency Type Code  O ID 1/1
Required	C02303	1323	
			Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type
			Code 8 may only be used where permitted by state law (e.g. New York
			Medicaid). See the NUBC UB92 manual for definitions of these codes.
			With the exception of #1 (Original) use 6, 7, and 8 for claims that have already
			been finalized in the payer's system.
			Permissible code values for this subelement:
			1 - ORIGINAL (Admit thru Discharge Claim)
			6 - CORRECTED (Adjustment of Prior Claim)
			7 - REPLACEMENT (Replacement of Prior Claim)
			8 - VOID (Void/Cancel of Prior Claim)
			ALIAS: Claim Submission Reason Code
Required	CLM06	1073	INDUSTRY: Claim Frequency Code Yes/No Condition or Response Code O ID 1/1
Required	CLIMO	1075	
			Code indicating a Yes or No condition or response
			ALIAS: Provider Signature on File
			NSF Reference: EA0-37.0
			INDUSTRY: Provider or Supplier Signature Indicator
			N No
			Y Yes
Required	CLM07	1359	Provider Accept Assignment Code O ID 1/1
			Code indicating whether the provider accepts assignment
			CLM07 indicates whether the provider accepts Medicare assignment.
			The NSF mapping to FA0-59.0 occurs only in payer-to-payer COB situations.
			ALIAS: Medicare Assignment Code
			NSF Reference: EA0-36.0, FA0-59.0
			INDUSTRY: Medicare Assignment Code
			A Assigned
			D. Assignment Asserted on Clinical Lab Commission Outs

В

Assignment Accepted on Clinical Lab Services Only

C Not Assigned P Patient Refuses to Assign Benefits Yes/No Condition or Response Code Required CLM08 1073 O ID 1/1 Code indicating a Yes or No condition or response ALIAS: Assignment of Benefits Indicator NSF Reference: DA0-15.0 INDUSTRY: Benefits Assignment Certification Indicator N No Y Yes Required CLM09 1363 **Release of Information Code** O ID 1/1 Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations ALIAS: Release of Information Code NSF Reference: EA0-13.0 INDUSTRY: Release of Information Code Appropriate Release of Information on File at Health A Care Service Provider or at Utilization Review Ι Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes M The Provider has Limited or Restricted Ability to Release Data Related to a Claim N No, Provider is Not Allowed to Release Data On file at Payor or at Plan Sponsor O Y Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim CLM<sub>10</sub> 1351 Situatio **Patient Signature Source Code** O ID 1/1 Code indicating how the patient or subscriber authorization signatures were obtained and how they are being retained by the provider CLM10 is required except in cases where code "N" is used in CLM09. ALIAS: Patient Signature Source Code NSF Reference: DA0-16.0 INDUSTRY: Patient Signature Source Code В Signed signature authorization form or forms for both HCFA-1500 Claim Form block 12 and block 13 are on C Signed HCFA-1500 Claim Form on file M Signed signature authorization form for HCFA-1500 Claim Form block 13 on file P Signature generated by provider because the patient was not physically present for services S Signed signature authorization form for HCFA-1500 Claim Form block 12 on file Situatio CLM11 C024 **Related Causes Information** To identify one or more related causes and associated state or country information CLM11-1, CLM11-2, or CLM11-3 are required when the condition being reported is accident or employment related. If CLM11-1, CLM11-2, or CLM11-3 equals AP, then map Yes to EA0-09.0.

If DTP - Date of Accident (DTP01=439) is used, then CLM11 is required.

Required	C02401	1362	ALIAS: Accident/Employment/Related Causes  Related-Causes Code M ID 2/3  Code identifying an accompanying cause of an illness, injury or an accident NSF Reference: EA0-05.0 - Auto Accident or Other Accident, EA0-04.0 - Employment, EA0-09.0 - Responsibility Indicator		
Situatio	C02402	1362	INDUSTRY: Related Causes Code  AA Auto Accident  AB Abuse  AP Another Party Responsible  EM Employment  OA Other Accident  Related-Causes Code O II  Code identifying an accompanying cause of an illness, injury or an accuracy of the code in the code applies.	D 2/3	
Situatio	C02403	1362	NSF Reference: EA0-05.0 - Auto Accident or Other Accident, EA0-0 Employment, EA0-09.0 - Responsibility Indicator  INDUSTRY: Related Causes Code	D 2/3 ecident	
Situatio	C02404	156	INDUSTRY: Related Causes Code  AA Auto Accident  AB Abuse  AP Another Party Responsible  EM Employment  OA Other Accident  State or Province Code O II  Code (Standard State/Province) as defined by appropriate government Required if CLM11-1, -2, or -3 = AA to identify the state in which the automobile accident occurred. Use state postal code (CA = California Utah, etc).  NSF Reference: EA0-10.0	e	
Situatio	C02405	26	INDUSTRY: Auto Accident State or Province Code  Country Code  Code identifying the country  Required if the automobile accident occurred out of the United States identify the country in which the accident occurred.	D 2/3	
Situatio	CLM12	1366	INDUSTRY: Country Code Special Program Code O II	D 2/3	

Code indicating the Special Program under which the services rendered to the patient were performed

Required if the services were rendered under one of the following circumstances/programs/projects.

ALIAS: Special Program Code

			NSF Reference: EA0-43.0				
			(E	rogram Indicator urly & Periodic Screening, Diagnosis, a PSDT) or Child Health Assessment Pro- psysically Handicapped Children's Progr	ograi		
			03 Sr				
			-	sability			
				duced Abortion - Danger to Life			
			08 In	duced Abortion - Rape or Incest			
				econd Opinion or Surgery			
Not Used	CLM13	1073	Yes/No Condition or I	Response Code	0	<b>ID</b> 1/1	
			Code indicating a Yes	or No condition or response			
			The Interchange Control Interchange Trailer IEA	ol Number, ISA13, must be identical to A02.	the	associated	
Not Used	CLM14	1338	<b>Level of Service Code</b>		0	ID 1/3	
			Code specifying the lev	el of service rendered			
			See Section A.1.5.1 for	interchange acknowledgment informat	ion.		
Not Used	CLM15	1073	Yes/No Condition or I	Response Code	0	<b>ID</b> 1/1	
			Code indicating a Yes of	or No condition or response			
Situatio	CLM16	1360	Provider Agreement (	Code	0	<b>ID</b> 1/1	
			this claim Required if a non-partic (par) claim/encounter. S	e of agreement under which the provider is submitting (non-par) provider is submitting Sending the "P" code indicates that a notallowed under certain plans.	ıg a j	participating	
			ALIAS: Participation A	greement			
			INDUSTRY: Participat P Pa	ion Agreement rticipation Agreement			
				ny agreement between the provider of san administrator	servi	ce and the	
Not Used	CLM17	1029	Claim Status Code		O	ID 1/2	
	~~~~	40	review organization or		_		
Not Used	CLM18	1073	Yes/No Condition or I		O	ID 1/1	
NI	OF 1440	1202		or No condition or response	•	TD 4/2	
Not Used	CLM19	1383	Claim Submission Rea		O	ID 2/2	
G14 :*	OF 3.550	4 = 4 4	Code identifying reason	tor claim submission		TD 4/6	
Situatio	CLM20	1514	Delay Reason Code		O	ID 1/2	
			Code indicating the rea	son why a request was delayed			

This element may be used if a particular claim is being transmitted in response to a request for information (e.g., a 277), and the response has been delayed.

Required when claim is submitted late (past contracted date of filing limitations) and any of the codes below apply.

ALIAS: Delay Reason Code

INDUSTI	RY: Delay Reason Code
1	Proof of Eligibility Unknown or Unavailable
2	Litigation
3	Authorization Delays
4	Delay in Certifying Provider
5	Delay in Supplying Billing Forms
6	Delay in Delivery of Custom-made Appliances
7	Third Party Processing Delay
8	Delay in Eligibility Determination
9	Original Claim Rejected or Denied Due to a Reason
	Unrelated to the Billing Limitation Rules
10	Administration Delay in the Prior Approval Process
11	Other

Segment: **DTP** Date - Order Date

**Position:** 135

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required when claim includes an order (i.e., an order for services or supplies is being

billed/reported).

Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.

	Ref.	Data	Data Element Summary		
	Des.	<b>Element</b>	<u>Name</u>	Attı	<u>ributes</u>
Required	DTP01	374	Date/Time Qualifier	$\mathbf{M}$	ID 3/3
			Code specifying type of date or time, or both date and time		
			INDUSTRY: Date Time Qualifier		
			938 Order		
Required	DTP02	1250	Date Time Period Format Qualifier	M	ID 2/3
			Code indicating the date format, time format, or date and tir	ne form	nat
			INDUSTRY: Date Time Period Format Qualifier		
			Date Expressed in Format CCYYMMI	OD	
Required	DTP03	1251	Date Time Period	M	AN 1/35
			Expression of a date, a time, or range of dates, times or date	s and	times
			INDUSTRY: Order Date		

Segment: DTP Date - Initial Treatment

**Position:** 135

**Loop:** 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP

segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in

Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.

Required on all claims involving spinal manipulation.

			Data Elem	ent Summary		
	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>		<u>Attr</u>	<u>ibutes</u>
Required	DTP01	374	Date/Time Qualific	er	$\mathbf{M}$	ID 3/3
			Code specifying typ	e of date or time, or both date and time		
			INDUSTRY: Date 7	Γime Qualifier		
			454	Initial Treatment		
				Date medical treatment first began		
Required	DTP02	1250	<b>Date Time Period</b>	Format Qualifier	$\mathbf{M}$	ID 2/3
			Code indicating the	date format, time format, or date and time	e forn	nat
			INDUSTRY: Date 7	Гime Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMD	D	
Required	DTP03	1251	<b>Date Time Period</b>		M	AN 1/35
			Expression of a date	e, a time, or range of dates, times or dates	and t	imes
			NSF Reference: GC	0-05.0		
			INDUSTRY: Initial	Treatment Date		

Segment: DTP Date - Referral Date

**Position:** 135

**Loop:** 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required when claim includes a referral.

Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.

			Duta Lic	mene summar y		
	Ref.	Data				
	<u>Des.</u>	<u>Element</u>	<u>Name</u>		<u>Attr</u>	<u>ibutes</u>
Required	DTP01	374	Date/Time Quali	fier	$\mathbf{M}$	ID 3/3
			Code specifying t	ype of date or time, or both date and time		
			INDUSTRY: Dat	e Time Qualifier		
			330	Referral Date		
				The date when an educational official of	or teac	her
				recommends that a student be evaluated	d for p	lacement in
				a special education or other program		
Required	DTP02	1250	<b>Date Time Perio</b>	d Format Qualifier	$\mathbf{M}$	ID 2/3
			Code indicating th	ne date format, time format, or date and tim	ne form	nat
			INDUSTRY: Date	e Time Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMD	D	
Required	DTP03	1251	<b>Date Time Perio</b>	d	M	AN 1/35
			Expression of a da	ate, a time, or range of dates, times or dates	s and t	imes
			INDUSTRY: Ref	erral Date		

Segment: DTP Date - Date Last Seen

**Position:** 135

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required when claims involve services from an independent physical therapist,

occupational therapist, or physician services involving routine foot care.

This is the date that the patient was seen by the attending/supervising physician for the qualifying medical condition related to the services performed.

			Data Elem	ent Summary		
	Ref. Des.	Data Element	Name		Attı	ibutes
Dogwinad	<u>DCS.</u> DTP01	374				ID 3/3
Required	DIFUI	3/4	Date/Time Qualific	:1	M	ID 3/3
			Code specifying typ	e of date or time, or both date and time		
			INDUSTRY: Date 7	Гime Qualifier		
			304	Latest Visit or Consultation		
				Date subscriber or dependent last visited	d or c	onsulted
				with a physician		
Required	DTP02	1250	Date Time Period	Format Qualifier	$\mathbf{M}$	ID 2/3
			Code indicating the	date format, time format, or date and time	e forn	nat
			INDUSTRY: Date 7	Time Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMD	D	
Required	DTP03	1251	<b>Date Time Period</b>		$\mathbf{M}$	AN 1/35
			Expression of a date	, a time, or range of dates, times or dates	and t	times
			NSF Reference: EA	0-48.0		
			INDUSTRY: Last S	een Date		

Segment:  ${f DTP}$  Date - Onset of Current Illness/Symptom

**Position:** 135

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in

Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.

Required when information is available and if different than the date of service. If not used, claim/service date is assumed to be the date of onset of illness/symptoms.

## **Data Element Summary**

Required	Ref. <u>Des.</u> DTP01	Data Element 374	<u>Name</u> Date/Time Qualifie	r	Attr M	ibutes ID 3/3
			1	Code specifying type of date or time, or both date and time		
			INDUSTRY: Date T	ime Qualifier		
			431	Onset of Current Symptoms or Illness		
				Date first symptoms appeared		
Required	DTP02	1250	Date Time Period I	Format Qualifier	$\mathbf{M}$	ID 2/3
			Code indicating the	date format, time format, or date and time	e forn	nat
			INDUSTRY: Date T	ime Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMD	D	
Required	DTP03	1251	<b>Date Time Period</b>		M	AN 1/35
			Expression of a date,	, a time, or range of dates, times or dates	and t	imes
			NSF Reference: EAG	0-07.0		

INDUSTRY: Onset of Current Illness or Injury Date

Segment: DTP Date - Acute Manifestation

**Position:** 135

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 5

Purpose: To specify any or all of a date, a time, or a time period

**Syntax Notes:** 

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP

segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in

Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.

Required when Loop 2300 CR208 = "A" or "M", the claim involves spinal manipulation,

and the payer is Medicare.

			Data Elem	ent Summary		
	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>		<u>Attr</u>	<u>ibutes</u>
Required	DTP01	374	Date/Time Qualific	er	M	ID 3/3
			Code specifying typ	be of date or time, or both date and time		
			INDUSTRY: Date 7	Time Qualifier		
			453	Acute Manifestation of a Chronic Cond	ition	
				Date serious symptoms were exhibited illness	for a l	ong term
Required	DTP02	1250	Date Time Period	Format Qualifier	$\mathbf{M}$	ID 2/3
			Code indicating the	date format, time format, or date and time	e forn	nat
			INDUSTRY: Date 7	Гime Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMD	D	
Required	DTP03	1251	<b>Date Time Period</b>		$\mathbf{M}$	AN 1/35
			Expression of a date	e, a time, or range of dates, times or dates	and t	imes
			NSF Reference: GC	CO-12.0		
			INDUSTRY: Acute	Manifestation Date		

**Position:** 135

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 10

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP

segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in

Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.

Required when claim involves services to a patient experiencing symptoms similar or

identical to previously reported symptoms.

# **Data Element Summary**

Required	Ref. <u>Des.</u> DTP01	Data Element 374	Name Date/Time Qualifie	er	<u>Attr</u> M	ributes ID 3/3
			Code specifying typ	e of date or time, or both date and time		
			INDUSTRY: Date 7	Гime Qualifier		
			438	Onset of Similar Symptoms or Illness		
				Date symptoms related to current illnes	s first	appeared
Required	DTP02	1250	Date Time Period	Format Qualifier	M	ID 2/3
			Code indicating the	date format, time format, or date and tim	e forn	nat
			INDUSTRY: Date 7	Time Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMD	D	
Required	DTP03	1251	<b>Date Time Period</b>		M	AN 1/35
			Expression of a date	, a time, or range of dates, times or dates	and t	imes
			NSF Reference: EA	0-16.0		

INDUSTRY: Similar Illness or Symptom Date

DTP Date - Accident **Segment:** 

**Position:** 135

> 2300 Loop: Optional

Level: Detail Usage: Optional Max Use: 10

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:** 

**Semantic Notes:** DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required if CLM11-1, CLM11-2, or CLM11-3 = AA, AB, AP or OA.

**Data Element Summary** 

Ref. Data Des. Element Name **Attributes** Required DTP01 374 M ID 3/3 **Date/Time Qualifier** Code specifying type of date or time, or both date and time INDUSTRY: Date Time Qualifier 439 Accident Date mishap occurred Required DTP02 1250 **Date Time Period Format Qualifier** M ID 2/3 Code indicating the date format, time format, or date and time format INDUSTRY: Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD DT Date and Time Expressed in Format **CCYYMMDDHHMM** Required if accident hour is known. Required DTP03 1251

**Date Time Period** M AN 1/35

Expression of a date, a time, or range of dates, times or dates and times NSF Reference: EA0-07.0 - Accident Date, EA0-11.0 Accident Hour (no

minutes)

INDUSTRY: Accident Date

 $\mathbf{DTP}$  Date - Last Menstrual Period **Segment:** 

**Position:** 135

2300 Loop: Optional

Level: Detail **Usage:** Optional Max Use:

To specify any or all of a date, a time, or a time period **Purpose:** 

**Syntax Notes:** 

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required when claim involves pregnancy.

# **Data Element Summary**

Required	Ref. <u>Des.</u> DTP01	Data Element 374	<u>Name</u> Date/Time Qualifie	er	Attr M	ributes ID 3/3
			Code specifying typ	e of date or time, or both date and time		
			INDUSTRY: Date 7	Time Qualifier		
			484	Last Menstrual Period		
Required	DTP02	1250	Date Time Period 1	Format Qualifier	M	ID 2/3
			Code indicating the	date format, time format, or date and time	e forn	nat
			INDUSTRY: Date 7	Time Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMD	D	
Required	DTP03	1251	<b>Date Time Period</b>		$\mathbf{M}$	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times			

NSF Reference: EA0-07.0

INDUSTRY: Last Menstrual Period Date

Segment: DTP Date - Last X-ray

**Position:** 135

**Loop:** 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP

segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in

Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.

Required when claim involves spinal manipulation if an x-ray was taken.

Data Element Summary							
	Ref.	Data					
	Des.	<b>Element</b>	<u>Name</u>		<u>Attr</u>	<u>ibutes</u>	
Required	DTP01	374	Date/Time Qualifier		M	ID 3/3	
			Code specifying type of	of date or time, or both date and time			
			INDUSTRY: Date Time Qualifier				
			455 L	ast X-Ray			
			D	Date of the most recent x-ray			
Required	DTP02	1250	<b>Date Time Period For</b>	rmat Qualifier	M	ID 2/3	
			Code indicating the da	te format, time format, or date and time	e forn	nat	
			INDUSTRY: Date Tin	ne Period Format Qualifier			
			D8 D	Date Expressed in Format CCYYMMD	D		
Required	DTP03	1251	<b>Date Time Period</b>		M	AN 1/35	
			Expression of a date, a time, or range of dates, times or dates and times				
			NSF Reference: GC0-	06.0			
			INDUSTRY: Last X-F	Ray Date			

 $\mathbf{DTP}$  Date - Estimated Date of Birth **Segment:** 

**Position:** 135

2300 Loop: Optional

Level: Detail **Usage:** Optional Max Use:

To specify any or all of a date, a time, or a time period **Purpose:** 

**Syntax Notes:** 

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required when PAT09 is used.

## **Data Element Summary**

				5				
	Ref. Des.	Data <u>Element</u>	<u>Name</u>		Attr	<u>ributes</u>		
Required	DTP01	374	Date/Time Qualifie	r	$\mathbf{M}$	ID 3/3		
			Code specifying type	e of date or time, or both date and time				
			INDUSTRY: Date T	INDUSTRY: Date Time Qualifier				
			ABC	Estimated Date of Birth				
Required	DTP02	1250	Date Time Period I	Format Qualifier	$\mathbf{M}$	ID 2/3		
			Code indicating the date format, time format, or date and time format					
			INDUSTRY: Date Time Period Format Qualifier					
			D8	Date Expressed in Format CCYYMMD	D			
Required	DTP03	1251	<b>Date Time Period</b>		$\mathbf{M}$	AN 1/35		
			Expression of a date, a time, or range of dates, times or dates and times					

ALIAS: Estimated Date of Birth

INDUSTRY: Estimated Birth Date

Segment:  ${f DTP}$  Date - Hearing and Vision Prescription Date

**Position:** 135

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required on claims where a prescription has been written for hearing devices or vision

frames and lenses and it is being billed on this claim.

	Ref.	Data	Data Element Summary		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>
Required	DTP01	374	Date/Time Qualifier	$\mathbf{M}$	ID 3/3
			Code specifying type of date or time, or both date and time	e	
			INDUSTRY: Date Time Qualifier		
			471 Prescription		
			Date on which prescription was write	en	
Required	DTP02	1250	Date Time Period Format Qualifier	$\mathbf{M}$	ID 2/3
			Code indicating the date format, time format, or date and time format		
			INDUSTRY: Date Time Period Format Qualifier		
			D8 Date Expressed in Format CCYYMN	/IDD	
Required	DTP03	1251	Date Time Period	$\mathbf{M}$	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		
			INDUSTRY: Prescription Date		

Segment: DTP Date - Disability Begin

**Position:** 135

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 5

Purpose: To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required on claims involving disability where, in the opinion of the provider, the patient

was or will be unable to perform the duties normally associated with his/her work.

# **Data Element Summary**

	Ref. <u>Des</u> .	Data <u>Element</u>	<u>Name</u>	<u>Attr</u>	<u>ributes</u>	
Required	DTP01	374	Date/Time Qualifier	$\mathbf{M}$	<b>ID</b> 3/3	
			Code specifying type of date or time, or both date and time			
			INDUSTRY: Date Time Qualifier			
			360 Disability Begin			
			Date on which the disability begins			
Required	DTP02	1250	Date Time Period Format Qualifier	$\mathbf{M}$	ID 2/3	
			Code indicating the date format, time format, or date and time format			
			INDUSTRY: Date Time Period Format Qualifier			
			D8 Date Expressed in Format CCYYMMI	D		
Required	DTP03	1251	Date Time Period	$\mathbf{M}$	AN 1/35	
			Expression of a date, a time, or range of dates, times or dates and times			

INDUSTRY: Disability From Date

NSF Reference: EA0-18.0

Segment: DTP Date - Disability End

**Position:** 135

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 5

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required on claims/encounters involving disability where, in the opinion of the provider, the patient, after having been absent from work for reasons related to the disability, was

or will be able to perform the duties normally associated with his/her work.

# **Data Element Summary**

	Ref.	Data	Data Diement Summary		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>
Required	DTP01	374	Date/Time Qualifier	$\mathbf{M}$	ID 3/3
			Code specifying type of date or time, or both date and time	;	
			INDUSTRY: Date Time Qualifier		
			361 Disability End		
			Date on which the disability ends		
Required	DTP02	1250	Date Time Period Format Qualifier	$\mathbf{M}$	ID 2/3
			Code indicating the date format, time format, or date and ti	me form	nat
			INDUSTRY: Date Time Period Format Qualifier		
			D8 Date Expressed in Format CCYYMM	DD	
Required	DTP03	1251	Date Time Period	$\mathbf{M}$	AN 1/35
			Expression of a date, a time, or range of dates, times or dat	es and t	times
			NSF Reference: EA0-19.0		

INDUSTRY: Disability To Date

Segment: **DTP** Date - Last Worked

**Position:** 135

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required on claims where this information is necessary for adjudication of the claim

(e.g., workers compensation claims involving absence from work).

Data Element Summary								
	Ref.	Data						
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ributes</u>			
Required	DTP01	374	Date/Time Qualifier	$\mathbf{M}$	ID 3/3			
			Code specifying type of date or time, or both date and time	e				
			INDUSTRY: Date Time Qualifier	INDUSTRY: Date Time Qualifier				
			297 Date Last Worked					
Required	DTP02	1250	Date Time Period Format Qualifier	$\mathbf{M}$	ID 2/3			
			Code indicating the date format, time format, or date and time format					
			INDUSTRY: Date Time Period Format Qualifier					
			D8 Date Expressed in Format CCYYMN	ИDD				
Required	DTP03	1251	Date Time Period	$\mathbf{M}$	AN 1/35			
			Expression of a date, a time, or range of dates, times or dates and times					
			INDUSTRY: Last Worked Date					

Segment:  $\mathbf{DTP}$  Date - Authorized Return to Work

**Position:** 135

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required on claims where this information is necessary for adjudication of the claim

(e.g., workers compensation claims involving absence from work).

**Data Element Summary** 

Ref. Data Des. **Element Name Attributes** Required Date/Time Qualifier DTP01 374 M ID 3/3 Code specifying type of date or time, or both date and time INDUSTRY: Date Time Qualifier 296 Return to Work This is the date the provider has authorized the patient to return to work. Required DTP02 1250 **Date Time Period Format Qualifier** M ID 2/3 Code indicating the date format, time format, or date and time format INDUSTRY: Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD Required DTP03 1251 **Date Time Period** M AN 1/35 Expression of a date, a time, or range of dates, times or dates and times

NSF Reference: EA1-12.0

INDUSTRY: Work Return Date

Segment: DTP Date - Admission

**Position:** 135

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

Notes: Required on all ambulance claims/encounters when the patient was known to be admitted

to the hospital. Also required on inpatient medical visits claims/encounters.

# **Data Element Summary**

	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>	Attr	<u>ributes</u>	
Required	DTP01	374	Date/Time Qualifier	$\mathbf{M}$	ID 3/3	
			Code specifying type of date or time, or both date and time			
			INDUSTRY: Date Time Qualifier			
			435 Admission			
			Date of entrance to a health care established	shmer	nt	
Required	DTP02	1250	Date Time Period Format Qualifier	M	ID 2/3	
			Code indicating the date format, time format, or date and time format			
			INDUSTRY: Date Time Period Format Qualifier			
			D8 Date Expressed in Format CCYYMMD	D		
Required	DTP03	1251	Date Time Period	M	AN 1/35	
			Expression of a date, a time, or range of dates, times or dates	and t	imes	
			NSF Reference: GA0-23.0 (for ambulance claims only), EA	0-28.0	)	

INDUSTRY: Related Hospitalization Admission Date

Segment: DTP Date - Discharge

**Position:** 135

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:** 

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required for inpatient claims when the patient was discharged from the facility and the

INDUSTRY: Related Hospitalization Discharge Date

discharge date is known.

	Ref. Des.	Data Element	Name	Attr	ibutes
Required	DTP01	374	Date/Time Qualifier	M	ID 3/3
			Code specifying type of date or time, or bot	th date and time	
			INDUSTRY: Date Time Qualifier		
			096 Discharge		
Required	DTP02	1250	<b>Date Time Period Format Qualifier</b>	M	ID 2/3
			Code indicating the date format, time format	t, or date and time form	nat
			INDUSTRY: Date Time Period Format Qua	alifier	
			D8 Date Expressed in For	mat CCYYMMDD	
Required	DTP03	1251	Date Time Period	M	AN 1/35
			Expression of a date, a time, or range of dat	es, times or dates and ti	imes
			NSF Reference: GA0-22.0 (for Ambulance	Claims only), EA0-29.0	0

Segment: DTP Date - Assumed and Relinquished Care Dates

**Position:** 135

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 2

Purpose:

To specify any or all of a date, a time, or a time period

**Syntax Notes:** 

Semantic Notes: Comments: 1 DTP02 is the date or time or period format that will appear in DTP03.

Notes:

Required on Medicare claims to indicate "assumed care date" and "relinquished care date" for situations where providers share post-operative care (global surgery claims). Assumed Care Date is the date care was assumed by another provider during post-operative care. Relinquished Care Date is the date the provider filing this claim ceased post-operative care. See Medicare guidelines for further explanation of these dates.

Example: Surgeon "A" relinquished post-operative care to Physician "B" five days after surgery. When Surgeon "A" submits a claim/encounter "A" will use code "091 - Report End" to indicate the day the surgeon relinquished care of this patient to Physician "B". When Physician "B" submits a claim/encounter "B" will use code "090 - Report Start" to indicate the date they assumed care of this patient from Surgeon "A".

#### **Data Element Summary**

	Ref. Des.	Data <u>Element</u>	Name	·	Attr	ributes
Required	DTP01	374	Date/Time Qualific	er	M	ID 3/3
			Code specifying typ	be of date or time, or both date and time		
			INDUSTRY: Date	Time Qualifier		
			090	Report Start		
			091	Assumed Care Date - Use code 090 to a the provider filing this claim assumed c provider during post-operative care.  Report End		
				Relinquished Care Date - Use code 091 date the provider filing this claim relinct operative care to another provider.		
Required	DTP02	1250	<b>Date Time Period</b>	Format Qualifier	M	ID 2/3
			Code indicating the	date format, time format, or date and time	e forn	nat
			INDUSTRY: Date	Time Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMD	D	
Required	DTP03	1251	<b>Date Time Period</b>		M	AN 1/35
			•	e, a time, or range of dates, times or dates 11-25.0 - Provider Assumed Care Date, H ned Care Date		

INDUSTRY: Assumed or Relinquished Care Date

Segment: PWK Claim Supplemental Information

**Position:** 155

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 10

**Purpose:** To identify the type or transmission or both of paperwork or supporting information

Syntax Notes: Semantic Notes:

**Notes:** 1 If either PWK05 or PWK06 is present, then the other is required.

**Comments:** 

1 PWK05 and PWK06 may be used to identify the addressee by a code number.

2 PWK07 may be used to indicate special information to be shown on the specified report.

3 PWK08 may be used to indicate action pertaining to a report.

**Notes:** 

The PWK segment is required if there is paper documentation supporting this claim. The PWK segment should not be used if the information related to the claim is being sent within the 837 ST-SE envelope.

The PWK segment is required to identify attachments that are sent electronically (PWK02 = EL) but are transmitted in another functional group (e.g., 275) rather than by paper. PWK06 is used to identify the attached electronic documentation. The number in PWK06 would be carried in the TRN of the electronic attachment.

The PWK segment can be used to identify paperwork that is being held at the provider's office and is available upon request by the payer (or appropriate entity), but that is not being sent with the claim. Use code AA in PWK02 to convey this specific use of the PWK segment. See code note under PWK02, code AA.

#### **Data Element Summary**

	Ket.	Data		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attributes</u>
Required	PWK01	755	Report Type Code	M ID 2/2

Code indicating the title or contents of a document, report or supporting item ALIAS: Attachment Report Type Code

	• • •
NSF Reference: EA	Δ0-41.0
INDUSTRY: Attac	hment Report Type Code
77	Support Data for Verification
	REFERRAL. Use this code to indicate a completed referral form.
AS	Admission Summary
	A brief patient summary; it lists the patient's chief complaints and the reasons for admitting the patient to the hospital
B2	Prescription
В3	Physician Order
B4	Referral Form
CT	Certification
DA	Dental Models
D.C.	Cast of the teeth; they are usually taken before partial dentures or braces are placed
DG	Diagnostic Report
	Report describing the results of lab tests x-rays or
DS	radiology films Discharge Summary
	Report listing the condition of the patient upon release

from the hospital; it usually lists where the patient is

DRAFT				
				being released to, what medication the patient is taking
			EB	and when to follow-up with the doctor  Explanation of Benefits (Coordination of Benefits or
			ED	Medicare Secondary Payor)
				Summary of benefits paid on the claim
			MT	Models
			NN	Nursing Notes
				Notes kept by the nurse regarding a patient's physical and
				mental condition, what medication the patient is on and
			O.D.	when it should be given
			OB	Operative Note
				Step-by-step notes of exactly what takes place during an operation
			OZ	Support Data for Claim
				Medical records that would support procedures performed; tests given and necessary for a claim
			PN	Physical Therapy Notes
			PO	Prosthetics or Orthotic Certification
			PZ	Physical Therapy Certification
			RB	Radiology Films
				X-rays, videos, and other radiology diagnostic tests
			RR	Radiology Reports
				Reports prepared by a radiologists after the films or x-
			RT	rays have been reviewed
Required	PWK02	756	Report Transmi	Report of Tests and Analysis Report ssion Code O ID 1/2
Requireu	1 WK02	730	-	ning, transmission method or format by which reports are to
			be sent	ming, transmission method of format by which reports are to
				ent Transmission Code
			NSF Reference: l	EA0-40.0
			INDLICTOV: A++	achment Transmission Code
			AA	Available on Request at Provider Site
				This means that the paperwork is not being sent with the
				claim at this time. Instead, it is available to the payer (or
				appropriate entity) at their request.
			BM	By Mail
			EL	Electronically Only
				Use to indicate that attachment is being transmitted in a separate X12 functional group.
			EM	E-Mail
			FX	By Fax
Not Used	PWK03	757	Report Copies N	
				opies of a report that should be sent to the addressee
Not Used	PWK04	98	<b>Entity Identifier</b>	
			Code identifying individual	an organizational entity, a physical location, property or an
Situatio	PWK05	66	Identification Co	ode Qualifier X ID 1/2
			Code designating Code (67)	the system/method of code structure used for Identification
				102 = "BM", "EL", "EM" or "FX".
			INDUSTRY: Ide	ntification Code Qualifier
			AC	Attachment Control Number
				Means of associating electronic claim with
	04010 <b>V</b> 009)			112 August 9 2001

			documentation forwarded by other many	
Situatio	PWK06	67	documentation forwarded by other means  Identification Code  X	AN 2/80
			Code identifying a party or other code	
			Required if PWK02 = "BM", "EL", "EM" or "FX".	
			ALIAS: Attachment Control Number	
			INDUSTRY: Attachment Control Number	
Not Used	PWK07	352	<b>Description</b> O	AN 1/80
			A free-form description to clarify the related data elements and t	heir content
Not Used	PWK08	C002	Actions Indicated O	)
			Actions to be performed on the piece of paperwork identified	
Not Used	C00201	704	Paperwork/Report Action Code M	I ID 1/2
			Code specifying how the paperwork or report that is identified in	the PWK
			segment relates to the transaction set or to identify the action that	•
Not Used	C00202	704	Paperwork/Report Action Code 0	12 1/2
			Code specifying how the paperwork or report that is identified in	
Not Used	C00203	704	segment relates to the transaction set or to identify the action that  Paperwork/Report Action Code  O	•
Not Oseu	C00203	704		
			Code specifying how the paperwork or report that is identified in segment relates to the transaction set or to identify the action that	
Not Used	C00204	704	Paperwork/Report Action Code 0	•
			Code specifying how the paperwork or report that is identified in segment relates to the transaction set or to identify the action that	
Not Used	C00205	704	Paperwork/Report Action Code O	*
			Code specifying how the paperwork or report that is identified in	the PWK
			segment relates to the transaction set or to identify the action that	
Not Used	PWK09	1525	Request Category Code O	ID 1/2
			Code indicating a type of request	

Segment: CN1 Contract Information

**Position:** 160

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To

To specify basic data about the contract or contract line item

**Syntax Notes:** 

**Semantic Notes:** 1 CN102 is the contract amount.

2 CN103 is the allowance or charge percent.

3 CN104 is the contract code.

4 CN106 is an additional identifying number for the contract.

#### **Comments:**

**Notes:** The developers of this implementation guide recommend that for non-capitated

situations, contract information be maintained in the receiver's files and not be

transmitted with each claim whenever possible. It is recommended that submitters always include CN1 for encounters that include only capitated services.

Required if the provider is contractually obligated to provide contract information on this claim.

			Data Elemo	ent Summary		
Required	Ref. <u>Des.</u> CN101	Data <u>Element</u> 1166	Name Contract Type Cod Code identifying a c ALIAS: Contract Ty	contract type		ributes ID 2/2
			INDUSTRY: Contra	act Type Code Per Diem		
			03	A contract which allows certain charges per day basis Variable Per Diem	s to be	e on a rate
			04	A contract which allows certain charges per day basis, where the rate may not re Flat		
			05	A contract between the provider of serv destination payor whereby the flat rate of from the total itemized charges Capitated		
			06	A contract between the provider of service destination payor which allows paymen of service on a per member per month be Percent	t to th	
			09	Other		
Situatio	CN102	782	Monetary Amount Monetary amount Required if the prov the claim.	ider is required by contract to supply this	O s info	R 1/18
			ALIAS: Contract An	mount		
Situatio	CN103	332	INDUSTRY: Contra Percent Percent expressed as Allowance or charge	s a percent	0	R 1/6

Required if the provider is required by contract to supply this information on the claim.

**ALIAS: Contract Percent** 

INDUSTRY: Contract Percentage

Situatio CN104 127 Reference Identification

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Required if the provider is required by contract to supply this information on

O AN 1/30

the claim.

ALIAS: Contract Code

INDUSTRY: Contract Code

Situatio CN105 338 Terms Discount Percent O R 1/6

Terms discount percentage, expressed as a percent, available to the purchaser if an invoice is paid on or before the Terms Discount Due Date

Required if the provider is required by contract to supply this information on

the claim.

**ALIAS: Terms Discount Percent** 

INDUSTRY: Terms Discount Percentage

Situatio CN106 799 Version Identifier O AN 1/30

Revision level of a particular format, program, technique or algorithm Required if the provider is required by contract to supply this information on

the claim.

ALIAS: Contract Version Identifier

INDUSTRY: Contract Version Identifier

Segment: AMT Credit/Debit Card Maximum Amount

**Position:** 175

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

**Notes:** Use this segment only for claims that contain credit/debit card information. This segment

indicates the maximum amount that can be credited to the account indicated in 2010BD -

CREDIT/DEBIT CARD HOLDER NAME.

The information carried under this segment must never be sent to the payer. This information is only for use between a provider and a service organization offering patient collection services. In this case, it is the responsibility of the collection service organization to remove this segment before forwarding the claim to the payer.

	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>
Required	AMT01	522	Amount Qualifier Code	M	ID 1/3
			Code to qualify amount		
			INDUSTRY: Amount Qualifier Code		
			MA Maximum Amount		
Required	AMT02	782	Monetary Amount	M	R 1/18
			Monetary amount		
			INDUSTRY: Credit or Debit Card Maximum Amount		
Not Used	AMT03	478	Credit/Debit Flag Code	O	<b>ID</b> 1/1
			Code indicating whether amount is a credit or debit		

AMT Patient Amount Paid **Segment:** 

**Position:** 175

Loop: 2300 Optional

Level: Detail Usage: Optional Max Use:

**Purpose:** To indicate the total monetary amount

**Syntax Notes: Semantic Notes: Comments:** 

> **Notes:** Required if the patient has paid any amount towards the claim.

> > Patient Amount Paid refers to the sum of all amounts paid on the claim by the patient or his/her representative(s).

The Patient Amount Paid indicated in this segment applies to the entire claim. It is recommended that the Patient Amount Paid AMT segment be used at either the line(s) or claim level but not at both.

	Ref.	Data Element		one summary	A 44.	ributes
Required	<u>Des.</u> AMT01	522	Name Amount Qualifier (	Code	M	ID 1/3
ricquirea	11111101	022	Code to qualify amo			12 1/0
			INDUSTRY: Amou			
			F5	Patient Amount Paid		
				Monetary amount value already paid by medical care	one	receiving
Required	AMT02	782	<b>Monetary Amount</b>		$\mathbf{M}$	R 1/18
			Monetary amount			
			NSF Reference: XA	.0-19.0		
			INDUSTRY: Patien	t Amount Paid		
Not Used	AMT03	478	Credit/Debit Flag (	Code	O	ID 1/1
			Code indicating who	ether amount is a credit or debit		

 ${f AMT}$  Total Purchased Service Amount **Segment:** 

**Position:** 175

2300 Optional

Loop: Level: Detail **Usage:** Optional Max Use:

**Purpose:** To indicate the total monetary amount

**Syntax Notes: Semantic Notes: Comments:** 

> **Notes:** Required if there are purchased service components to this claim.

	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>		<u>Attr</u>	<u>ibutes</u>
Required	AMT01	522	Amount Qualifier	Code	$\mathbf{M}$	ID 1/3
			Code to qualify amo	punt		
			INDUSTRY: Amou	nt Qualifier Code		
			NE	Net Billed		
				Amount billed, less allowable payments sources	from	other
				Use this code to indicate Total Purchase	ed Ser	vice
				Charges.		
Required	AMT02	782	<b>Monetary Amount</b>		$\mathbf{M}$	R 1/18
			Monetary amount			
			NSF Reference: EA	0-31.0		
Not Used	AMT03	478	INDUSTRY: Total Credit/Debit Flag	Purchased Service Amount Code	0	ID 1/1
			Code indicating who	ether amount is a credit or debit		

Segment:  $\operatorname{REF}$  Service Authorization Exception Code

**Position:** 180

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

**Notes:** 

otes: 1 REF04 contains data relating to the value cited in REF02.

Required when providers are required by state law (e.g., New York State Medicaid) to obtain authorization for specific services but, for the reasons listed in REF02, performed the service without obtaining the service authorization. Check with your state Medicaid to see if this applies in your state.

	Ref.	Data	Data Element Summary		
Required	Des. REF01	Element 128	Name Reference Identification Qualifier		ributes ID 2/3
_			Code qualifying the Reference Identification		
			INDUSTRY: Reference Identification Qualifier		
			4N Special Payment Reference Number		
Required	REF02	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier Allowable values for this element are:  1		or as
Not Used	REF03	352	INDUSTRY: Service Authorization Exception Code <b>Description</b>	X	AN 1/80
			A free-form description to clarify the related data elements a	nd the	eir content
Not Used	REF04	C040	Reference Identifier	O	
			To identify one or more reference numbers or identification a specified by the Reference Qualifier	numb	ers as
Not Used	C04001	128	Reference Identification Qualifier	$\mathbf{M}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	$\mathbf{M}$	AN 1/30
			Reference information as defined for a particular Transaction	Set o	or as
N T	G0 4002	100	specified by the Reference Identification Qualifier	<b>T</b> 7	ID 0/2
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
NI 4 TI 1	C0 400 4	105	Code qualifying the Reference Identification	<b>3</b> 7	A NI 1/20
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
P837V401 (0	04010X098)		120		August 8, 2001
( -	- /				2

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

 ${f REF}$  Mandatory Medicare (Section 4081) Crossover Indicator **Segment:** 

**Position:** 180

2300 Loop: Optional

Level: Detail Usage: Optional Max Use:

**Purpose:** To specify identifying information

At least one of REF02 or REF03 is required. **Syntax Notes:** 

> If either C04003 or C04004 is present, then the other is required. If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:** 

**Notes:** 

REF04 contains data relating to the value cited in REF02.

Required for Medicare COB crossover claims when Beneficiary Assignment for mandatory Medicare (Section 4081) claim applies. This segment is only completed by Medicare providers do not use this segment.

If this segment is not used that means this situation does not apply.

		_	Data Element Summary		
	Ref.	Data	NY.		••
Dagwinad	Des.	Element	Name  Reference Identification Qualifier		<u>ributes</u>
Required	REF01	128	Reference Identification Qualifier	IVI	ID 2/3
			Code qualifying the Reference Identification		
			INDUSTRY: Reference Identification Qualifier		
			F5 Medicare Version Code		
			Identifies the release of a set of informa		
			requirements to distinguish from previo		
			that may differ; the version in question	s that	which is
Dagwinad	DEEGO	127	being used by Medicare	X	A NI 1/20
Required	REF02	127	Reference Identification		AN 1/30
			Reference information as defined for a particular Transaction	Set o	or as
			specified by the Reference Identification Qualifier The allowed values for this element are:		
			Y 4081 (NSF Value 1)		
			N Regular crossover (NSF Value 2)		
			NSF Reference: DA0-30.0		
			INDUSTRY: Medicare Section 4081 Indicator		
Not Used	REF03	352	Description	$\mathbf{X}$	AN 1/80
			A free-form description to clarify the related data elements as	nd the	eir content
Not Used	REF04	C040	Reference Identifier	O	
			To identify one or more reference numbers or identification is	ıumbe	ers as
			specified by the Reference Qualifier		
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction	Set o	or as
			specified by the Reference Identification Qualifier		
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction	Set o	or as
			specified by the Reference Identification Qualifier		
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		

Not Used C04006 127 Reference Identification X AN 1/30

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Segment: REF Mammography Certification Number

**Position:** 180

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

If either C04003 or C04004 is present, then the other is required.
If either C04005 or C04006 is present, then the other is required.

REF04 contains data relating to the value cited in REF02.

**Semantic Notes:** Comments:

**Notes:** Required on Medicare claims for all mammography services.

	Ref.	Data	Data Element Summary		
	Des.	<b>Element</b>	<u>Name</u>	Attı	<u>ributes</u>
Required	REF01	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
			INDUSTRY: Reference Identification Qualifier		
			EW Mammography Certification Number		
			Health Care Financing Administration a certification number of the certified mascreening center		
Required	REF02	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier NSF Reference: FA0-31.0	Set o	or as
			INDUSTRY: Mammography Certification Number		
Not Used	REF03	352	Description	$\mathbf{X}$	AN 1/80
			A free-form description to clarify the related data elements as	nd the	eir content
Not Used	REF04	C040	Reference Identifier	O	
			To identify one or more reference numbers or identification r specified by the Reference Qualifier	numb	ers as
Not Used	C04001	128	Reference Identification Qualifier	$\mathbf{M}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	$\mathbf{M}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as

Segment: **REF** Prior Authorization or Referral Number

**Position:** 180

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 2

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

Semantic Notes: Comments:

**Notes:** 

Ref.

Data

REF04 contains data relating to the value cited in REF02.

Numbers at this position apply to the entire claim unless they are overridden in the REF segment in Loop ID-2400. A reference identification is considered to be overridden if the value in REF01 is the same in both the Loop ID-2300 REF segment and the Loop ID-2400 REF segment. In that case, the Loop ID-2400 REF applies only to that specific line.

Required where services on this claim were preauthorized or where a referral is involved. Generally, preauthorization/referral numbers are those numbers assigned by the payer/UMO to authorize a service prior to its being performed. The UMO (Utilization Management Organization) is generally the entity empowered to make a decision regarding the outcome of a health services review or the owner of information. The referral or prior authorization number carried in this REF is specific to the destination payer reported in the 2010BB loop. If other payers have similar numbers for this claim, report that information in the 2330 loop REF which holds that payer's information.

	Des.	Element	<u>Name</u>			<u>ributes</u>
Required	REF01	128	Reference Identific	_	M	ID 2/3
			Code qualifying the	Reference Identification		
			INDUSTRY: Refere	nce Identification Qualifier		
			9F	Referral Number		
			G1	Prior Authorization Number		
				An authorization number acquired prior of a claim	to the	e submission
Required	REF02	127	Reference Identific	ation	X	AN 1/30
				on as defined for a particular Transaction erence Identification Qualifier 0-14.0	Set o	or as
			INDUSTRY: Prior A	Authorization or Referral Number		
Not Used	REF03	352	Description		$\mathbf{X}$	AN 1/80
			A free-form descript	ion to clarify the related data elements ar	nd the	eir content
Not Used	REF04	C040	Reference Identifie	r	O	
			To identify one or management specified by the Reference	ore reference numbers or identification reference Qualifier	ıumbe	ers as
Not Used	C04001	128	Reference Identific	ation Qualifier	$\mathbf{M}$	ID 2/3
			Code qualifying the	Reference Identification		
Not Used	C04002	127	Reference Identific	ation	$\mathbf{M}$	AN 1/30
				on as defined for a particular Transaction erence Identification Qualifier	Set o	or as
Not Used	C04003	128	Reference Identific	ation Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the	Reference Identification		
Not Used	C04004	127	Reference Identific	ation	$\mathbf{X}$	AN 1/30
			Reference information	on as defined for a particular Transaction	Set o	or as

Not Used	C04005	128	specified by the Reference Identification Qualifier Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as

Segment: REF original Reference Number (ICN/DCN)

**Position:** 180

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

Semantic Notes: Comments:

**Notes:** 

1 REF04 contains data relating to the value cited in REF02.

Required when CLM05-3 (Claim Submission Reason Code) = "6", "7", or "8" and the payer has assigned a payer number to the claim. The resubmission number is assigned to a previously submitted claim/encounter by the destination payer or receiver.

This segment can be used for the payer assigned Original Document Control Number/Internal Control Number (DCN/ICN) assigned to this claim by the payer identified in the 2010BB loop of this claim. This number would be received from a payer in a case where the payer had received the original claim and, for whatever reason, had (1) asked the provider to resubmit the claim and (2) had given the provider the payer's claim identification number. In this case the payer is expecting the provider to give them back their (the payer's) claim number so that the payer can match it in their adjudication system. By matching this number in the adjudication system, the payer knows this is not a duplicate claim.

This information is specific to the destination payer reported in the 2010BB loop. If other payers have a similar number, report that information in the 2330 loop which holds that payer's information.

Required	Ref. <u>Des.</u> REF01	Data Element 128	<u>Name</u> Reference Identification Qualifier	Attr M	ributes ID 2/3
			Code qualifying the Reference Identification		
			INDUSTRY: Reference Identification Qualifier		
			F8 Original Reference Number		
Required	REF02	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier ALIAS: Claim Original Reference Number (ICN/DCN)	Set o	or as
			NSF Reference: EA0-47.0, INDUSTRY: Claim Original Ref	erenc	e Number
Not Used	REF03	352	Description	$\mathbf{X}$	AN 1/80
			A free-form description to clarify the related data elements as	nd the	eir content
Not Used	REF04	C040	Reference Identifier	O	
			To identify one or more reference numbers or identification r specified by the Reference Qualifier	ıumbe	ers as
Not Used	C04001	128	Reference Identification Qualifier	$\mathbf{M}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	$\mathbf{M}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30
D027XIA01 (0	004010 <b>V</b> 000		Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier		or as

DRAFT <b>Not Used</b>	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transactio specified by the Reference Identification Qualifier	n Set o	or as

Segment: REF Clinical Laboratory Improvement Amendment (CLIA) Number

Position: 180

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 3

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

Semantic Notes: Comments:

**Notes:** 

1 REF04 contains data relating to the value cited in REF02.

Required on Medicare and Medicaid claims for any laboratory performing tests covered by the CLIA Act.

If a CLIA number is indicated at the line level (Loop ID-2400) in addition to the claim level (Loop ID-2300), that would indicate an exception to the CLIA number at the claim level for that individual line.

In cases where this claim contains both in-house and outsourced laboratory services: For laboratory services preformed by the billing or rendering provider the CLIA number is reported here for laboratory services which were outsourced, report that CLIA number at the 2400 loop.

			Data Element Summary		
	Ref.	Data Floment	Nome	A 44.	ibutos
Required	<u>Des.</u> REF01	Element 128	Name Reference Identification Qualifier	M	ributes ID 2/3
210401100	1121 01		Code qualifying the Reference Identification		12 2,0
			INDUSTRY: Reference Identification Qualifier		
			X4 Clinical Laboratory Improvement Amer	ndme	nt Number
Required	REF02	127	Reference Identification	X	AN 1/30
Required	KLI 02	127	Reference information as defined for a particular Transaction		
			specified by the Reference Identification Qualifier NSF Reference: FA0-34.0	Det (	, us
			INDUSTRY: Clinical Laboratory Improvement Amendment	Num	her
Not Used	REF03	352	<b>Description</b>	X	AN 1/80
			A free-form description to clarify the related data elements as	nd the	eir content
Not Used	REF04	C040	Reference Identifier	O	
			To identify one or more reference numbers or identification r	numb	ers as
			specified by the Reference Qualifier		
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction	Set o	or as
D027X1401 (0	00401032000		120		A 4 Q 200

Segment: REF Repriced Claim Number

**Position:** 180

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.
 REF04 contains data relating to the value cited in REF02.

**Semantic Notes:** Comments:

**Notes:** Used only by repricers as needed. This information is specific to the destination payer

reported in the 2010BB loop.

Required	Ref. <u>Des</u> . REF01	Data Element 128	Name Reference Identification Qualifier	<u>Attı</u> M	ributes ID 2/3
ricquireu	KLI VI	120	Code qualifying the Reference Identification	1,1	10 2/0
			INDUSTRY: Reference Identification Qualifier		
			9A Repriced Claim Reference Number		
Required	REF02	127	Reference Identification	X	AN 1/30
•			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier NSF Reference: FE0-06.0 (TPO Reference Number)	Set o	or as
	D	254	INDUSTRY: Repriced Claim Reference Number		1374100
Not Used	REF03	352	Description	X	AN 1/80
NI 4 TI 1	DEE04	CO 40	A free-form description to clarify the related data elements a		eir content
Not Used	REF04	C040	Reference Identifier	0	
			To identify one or more reference numbers or identification a specified by the Reference Qualifier	numbe	ers as
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as

Segment:  $\operatorname{REF}$  Adjusted Repriced Claim Number

**Position:** 180

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

**Notes:** 

1 REF04 contains data relating to the value cited in REF02.

Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

Required	Ref. <u>Des</u> . REF01	Data Element 128	Name Reference Identification Qualifier	Attr M	ributes ID 2/3
			Code qualifying the Reference Identification		
			INDUSTRY: Reference Identification Qualifier		
			9C Adjusted Repriced Claim Reference Nu	mber	
Required	REF02	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier INDUSTRY: Adjusted Repriced Claim Reference Number	Set o	or as
Not Used	REF03	352	Description	$\mathbf{X}$	AN 1/80
			A free-form description to clarify the related data elements ar	nd the	ir content
Not Used	REF04	C040	Reference Identifier	O	
			To identify one or more reference numbers or identification respecified by the Reference Qualifier	ıumbe	
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	M	AN 1/30
	~~		Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier		
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
	~~		Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	r as
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as

Segment:  ${f REF}$  Investigational Device Exemption Number

**Position:** 180

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.
1 REF04 contains data relating to the value cited in REF02.

Semantic Notes: 1

**Notes:** 

**Comments:** 

Required when claim involves an FDA assigned investigational device exemption (IDE)

number. Only one IDE per claim is to be reported.

Required	Ref. <u>Des.</u> REF01	Data Element 128	Name Reference Identification Qualifier	Attr M	ributes ID 2/3
nequirea	1121 01	120	Code qualifying the Reference Identification	.,_	12 2/0
			INDUSTRY: Reference Identification Qualifier		
			LX Qualified Products List		
Required	REF02	127	Reference Identification	X	AN 1/30
Required	KEF 02	127	Reference information as defined for a particular Transaction		
			specified by the Reference Identification Qualifier NSF Reference: EA0-54.0	SCI O	1 43
Not Used	REF03	352	INDUSTRY: Investigational Device Exemption Identifier <b>Description</b>	X	AN 1/80
			A free-form description to clarify the related data elements ar	nd the	ir content
Not Used	REF04	C040	Reference Identifier	O	
			To identify one or more reference numbers or identification r specified by the Reference Qualifier	ıumbe	ers as
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	$\mathbf{M}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as

Segment:  ${f REF}$  Claim Identification Number for Clearing Houses and Other

**Transmission Intermediaries** 

**Position:** 180

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

**Notes:** 

1 REF04 contains data relating to the value cited in REF02.

Used only by transmission intermediaries (Automated Clearing Houses, and others) who need to attach their own unique claim number.

Although this REF is supplied for transmission intermediaries to attach their own unique claim number to a claim/encounter, 837-recipients are not required under HIPAA to return this number in any HIPAA transaction. Trading partners may voluntarily agree to this interaction if they wish.

			Data Element Summary		
Required	Ref. <u>Des.</u> REF01	Data <u>Element</u> 128	<u>Name</u> Reference Identification Qualifier	Attr M	ributes ID 2/3
			Code qualifying the Reference Identification		
			Number assigned by clearinghouse/van/etc.		
			INDUSTRY: Reference Identification Qualifier D9 Claim Number		
			Sequence number to track the number of within a particular line of business	of clai	ms opened
Required	REF02	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier The value carried in this element is limited to a maximum of		
			INDUSTRY: Clearinghouse Trace Number		
Not Used	REF03	352	Description	X	AN 1/80
			A free-form description to clarify the related data elements a		eir content
Not Used	REF04	C040	Reference Identifier	O	
			To identify one or more reference numbers or identification in	numbe	ers as
Not Used	C04001	128	specified by the Reference Qualifier  Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction	Set o	or as
No.4 Time J	C04002	120	specified by the Reference Identification Qualifier	v	ID 2/2
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
Not Used	C04004	127	Code qualifying the Reference Identification  Reference Identification	X	AN 1/30
Not Useu	C04004	147	Reference information as defined for a particular Transaction		
			specified by the Reference Identification Qualifier	. BCt C	n as
Not Used	C04005	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

 ${f REF}$  Ambulatory Patient Group (APG) **Segment:** 

**Position:** 180

2300 Loop: Optional

Level: Detail Usage: Optional Max Use:

**Purpose:** To specify identifying information

At least one of REF02 or REF03 is required. **Syntax Notes:** 

If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:** 

**Notes:** 

REF04 contains data relating to the value cited in REF02.

Required if the contractual reimbursement arrangement between provider and payer is based on APG and their contractual arrangement requires that the provider send APG information to the payer on each claim.

	Ref. <u>Des</u> .	Data Element	Name	Attı	ributes
Required	REF01	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
			INDUSTRY: Reference Identification Qualifier		
			1S Ambulatory Patient Group (APG) Num	ber	
Required	REF02	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier INDUSTRY: Ambulatory Patient Group Number	Set o	or as
Not Used	REF03	352	Description	$\mathbf{X}$	AN 1/80
			A free-form description to clarify the related data elements at	nd the	ir content
Not Used	REF04	C040	Reference Identifier	O	
			To identify one or more reference numbers or identification respecified by the Reference Qualifier	ıumbe	ers as
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification		AN 1/30
	G0 400 <b>=</b>	4.00	Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier		
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
	G0.400.6	4.5-	Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as

Segment: REF Medical Record Number

**Position:** 180

**Loop:** 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.
3 If either C04005 or C04006 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.
 REF04 contains data relating to the value cited in REF02.

**Semantic Notes:** Comments:

**Notes:** Used at discretion of submitter.

	Ref.	Data		in Summary		
	Des.	<b>Element</b>	Name			ributes
Required	REF01	128	Reference Identification		M	ID 2/3
				Code qualifying the Reference Identification		
			INDUSTRY: Refere	INDUSTRY: Reference Identification Qualifier		
			EA	Medical Record Identification Number		
				A unique number assigned to each patie of service (hospital) to assist in retrieva records		
Required	REF02	127	Reference Identifica	ation	$\mathbf{X}$	AN 1/30
				on as defined for a particular Transaction erence Identification Qualifier al Record Number	Set o	or as
Not Used	REF03	352	Description	Description		AN 1/80
			A free-form descript	ion to clarify the related data elements as	nd the	eir content
Not Used	REF04	C040	Reference Identifie	r	O	
			•	ore reference numbers or identification i	numbe	ers as
			specified by the Refe			
Not Used	C04001	128	Reference Identification	_	M	ID 2/3
				Reference Identification		
Not Used	C04002	127	Reference Identifica		M	AN 1/30
				on as defined for a particular Transaction erence Identification Qualifier	Set o	or as
Not Used	C04003	128	Reference Identification	ation Qualifier	X	ID 2/3
			Code qualifying the	Reference Identification		
Not Used	C04004	127	Reference Identifica	ation	X	AN 1/30
				on as defined for a particular Transaction erence Identification Qualifier	Set o	or as
Not Used	C04005	128	Reference Identific	ation Qualifier	X	ID 2/3
			Code qualifying the	Reference Identification		
Not Used	C04006	127	Reference Identifica	ation	$\mathbf{X}$	AN 1/30
				on as defined for a particular Transaction erence Identification Qualifier	Set o	or as

Segment:  $\mathbf{REF}$  Demonstration Project Identifier

**Position:** 180

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:** 

**Notes:** 

1 REF04 contains data relating to the value cited in REF02.

Required on claims/encounters where a demonstration project is being billed/reported. This information is specific to the destination payer reported in the 2010BB loop. If other payers have a similar number, report that information in the 2330 loop which holds that payer's information.

	Ref.	Data	Data Exement Summary			
	Des.	<b>Element</b>	<u>Name</u>	<u>Attı</u>	<u>ributes</u>	
Required	REF01	128	Reference Identification Qualifier	$\mathbf{M}$	ID 2/3	
			Code qualifying the Reference Identification			
			INDUSTRY: Reference Identification Qualifier			
			P4 Project Code			
Required	REF02	127	Reference Identification	X	AN 1/30	
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier NSF Reference: EA0-43.0	ı Set o	or as	
			INDUSTRY: Demonstration Project Identifier			
Not Used	REF03	352	Description	X	AN 1/80	
			A free-form description to clarify the related data elements a	and their content		
Not Used	REF04	C040	Reference Identifier			
			To identify one or more reference numbers or identification specified by the Reference Qualifier	numbe	ers as	
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3	
			Code qualifying the Reference Identification			
Not Used	C04002	127	Reference Identification	M	AN 1/30	
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	ı Set o	or as	
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3	
			Code qualifying the Reference Identification			
Not Used	C04004	127	Reference Identification	X	AN 1/30	
Not Used	C04005	128	Reference information as defined for a particular Transaction S specified by the Reference Identification Qualifier <b>Reference Identification Qualifier</b>		or as ID 2/3	
1,00 CDCU	20.000	120	Code qualifying the Reference Identification	X	-D = 0	
Not Used	C04006	127	Reference Identification	X	AN 1/30	
noi oscu	204000	141	Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier			

Segment: K3 File Information

**Position:** 185

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 10

Purpose:

To transmit a fixed-format record or matrix contents

Syntax Notes:

**Semantic Notes:** 1 K303 identifies the value of the index.

Comments:

1 The default for K302 is content.

Notes:

At the time of publication K3 segments have no specific use. However, they have been included in this implementation guide to be used as an emergency kludge (fix-it) in the case of an unexpected data requirement by a state regulatory authority. This data element can only be required if the specific use is a result of a state law or a regulation issued by a state agency after the publication of this implementation guide, and only if the appropriate national body (X12N, HCPCS, NUBC, NUCC, etc) cannot offer an alternative solution within the current structure of the implementation guide.

This segment may only be required if a state concludes it must use the K3 to meet an emergency legislative requirement AND the administering state agency or other state organization has contacted the X12N workgroup, requested a review of the K3 data requirement to ensure there is not an existing method within the implementation guide to meet this requirement, and X12N determines that there is no method to meet the requirement. Only then may the state require the temporary use of the K3 to meet the requirement. X12N will submit the necessary data maintenance and refer the request to the appropriate data content committee.

	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>	_	<u>ributes</u>
Required	K301	449	Fixed Format Information	M	AN 1/80
			Data in fixed format agreed upon by sender and receiver		
			NSF Reference: HA0-05.0		
			INDUSTRY: Fixed Format Information		
Not Used	K302	1333	Record Format Code	O	ID 1/2
			Code specifying the format of information		
Not Used	K303	C001	Composite Unit of Measure	O	
			To identify a composite unit of measure (See Figures Appen of use)	dix f	or examples
Not Used	C00101	355	Unit or Basis for Measurement Code	$\mathbf{M}$	ID 2/2
			Code specifying the units in which a value is being expressed which a measurement has been taken	l, or 1	manner in
Not Used	C00102	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
Not Used	C00103	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	C00104	355	Unit or Basis for Measurement Code	0	ID 2/2
			Code specifying the units in which a value is being expressed which a measurement has been taken	l, or 1	manner in
Not Used	C00105	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
Not Used	C00106	649	Multiplier	0	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	C00107	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expressed	l, or 1	manner in

Not Used	C00108	1018	which a measurement has been taken  Exponent	o	R 1/15
			Power to which a unit is raised		
Not Used	C00109	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	C00110	355	Unit or Basis for Measurement Code	$\mathbf{o}$	ID 2/2
			Code specifying the units in which a value is being expressed which a measurement has been taken	, or	manner in
Not Used	C00111	1018	Exponent	0	R 1/15
			Power to which a unit is raised		
Not Used	C00112	649	Multiplier	$\mathbf{o}$	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	C00113	355	Unit or Basis for Measurement Code	0	ID 2/2
			Code specifying the units in which a value is being expressed which a measurement has been taken	, or	manner in
Not Used	C00114	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
Not Used	C00115	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		

Segment: NTE Claim Note

Position: 190

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To transmit information in a free-form format, if necessary, for comment or special

instruction

Syntax Notes: Semantic Notes:

**Comments:** 

1 The NTE segment permits free-form information/data which, under ANSI X12 standard implementations, is not machine processable. The use of the NTE segment should therefore be avoided, if at all possible, in an automated environment.

**Notes:** 

Information in the NTE segment in Loop ID-2300 applies to the entire claim unless overridden by information in the NTE segment in Loop ID-2400. Information is considered to be overridden when the value in NTE01 in Loop ID-2400 is the same as the value in NTE01 in Loop ID-2300.

The developers of this implementation guide discourage using narrative information within the 837. Trading partners who require narrative information with claims are encouraged to codify that information within the ASC X12 environment.

Required when: (1) State regulations mandate information not identified elsewhere within the claim set or (2) in the opinion of the provider, the information is needed to substantiate the medical treatment and is not supported elsewhere within the claim data set.

#### **Data Element Summary**

	Ref.	Data		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attributes</u>
Required	NTE01	363	Note Reference (	Code O ID 3/3
			Code identifying	the functional area or purpose for which the note applies
			INDUSTRY: Not	e Reference Code
			ADD	Additional Information
			CER	Certification Narrative
				Any notes associated with the certification involved
			DCP	Goals, Rehabilitation Potential, or Discharge Plans
			DGN	Diagnosis Description
				Verbal description of the condition involved
			PMT	Payment
			TPO	Third Party Organization Notes
Required	NTE02	352	Description	M AN 1/80
			A free-form descri	iption to clarify the related data elements and their content

NSF Reference: HA0-05.0

INDUSTRY: Claim Note Text

Segment: CR1 Ambulance Transport Information

**Position:** 195

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To supply information related to the ambulance service rendered to a patient

**Syntax Notes:** 1 If either CR101 or CR102 is present, then the other is required.

2 If either CR105 or CR106 is present, then the other is required.

**Semantic Notes:** 1 CR102 is the weight of the patient at time of transport.

**2** CR106 is the distance traveled during transport.

3 CR107 is the address of origin.4 CR108 is the address of destination.

5 CR109 is the purpose for the round trip ambulance service.

**6** CR110 is the purpose for the usage of a stretcher during ambulance service.

**Comments:** 

**Notes:** The CR1 segment in Loop ID-2300 applies to the entire claim unless an exception is

reported in the CR1 segment in Loop ID-2400.

Required on all claims involving ambulance services.

Required on all claims involving ambulance services.							
			Data Element Summary				
Situatio	Ref. <u>Des.</u> CR101	Data Element 355	Name Unit or Basis for Measurement Code	Attı X	ributes ID 2/2		
			Code specifying the units in which a value is being expressed which a measurement has been taken Required if needed to justify extra ambulance services.	, or 1	manner in		
			INDUSTRY: Unit or Basis for Measurement Code LB Pound				
Situatio	CR102	81	Weight	X	R 1/10		
			Numeric value of weight				
			Required if needed to justify extra ambulance services.				
			ALIAS: Patient Weight				
			NSF Reference: GA0-05.0				
			INDUSTRY: Patient Weight				
Required	CR103	1316	Ambulance Transport Code	O	ID 1/1		
			Code indicating the type of ambulance transport				
			ALIAS: Ambulance Transport Code				
			NSF Reference: GA0-07.0				
			INDUSTRY: Ambulance Transport Code				
			I Initial Trip				
			R Return Trip				
			T Transfer Trip				
			Ambulance from one facility to another				
			X Round Trip	_			
Required	CR104	1317	Ambulance Transport Reason Code	O	ID 1/1		
			Code indicating the reason for ambulance transport				
			ALIAS: Ambulance Transport Reason Code				

NSF Reference: GA0-15.0

			INDUSTRY: Ambu	lance Transport Reason Code			
			A	Patient was transported to nearest facility	y for	care of	
				symptoms, complaints, or both	c	C 1	
			В	Patient was transported for the benefit of physician	t a pr	eferred	
			C	Patient was transported for the nearness of		mily	
				members			
			D	Patient was transported for the care of a availability of specialized equipment	speci	ialist or for	
			Е	Patient Transferred to Rehabilitation Fac	cility		
Required	CR105	355	Unit or Basis for M		X	ID 2/2	
•			Code specifying the	units in which a value is being expressed	, or i	nanner in	
			which a measureme				
				or Basis for Measurement Code			
			DH	Miles			
Required	CR106	380	Quantity		X	R 1/15	
			Numeric value of qu	· · · · · · · · · · · · · · · · · · ·			
			NSF crosswalk to FA0-50.0 is used only in Medicare payer-to-pay situations.				
			ALIAS: Transport I	Distance			
			NSF Reference: GA	.0-17.0, FA0-50.0			
			INDUSTRY: Trans		_		
Not Used	CR107	166	Address Informati		0	AN 1/55	
N7 / F7 N	CD100	1.00	Address information		•		
Not Used	CR108	166	Address Informati		0	AN 1/55	
C!4 4! -	CD100	252	Address information	1	•	A NI 1/00	
Situatio	CR109	352	Description	tion to algrify the related data alaments on	O d tha	AN 1/80	
				tion to clarify the related data elements an (Ambulance Transport Code) = "X - Rour			
			ALIAS: Round Trip	Purpose Description			
			NSF Reference: GA	0-20.0			
Situatio	CR110	352	INDUSTRY: Round <b>Description</b>	1 Trip Purpose Description	o	AN 1/80	
			_	tion to clarify the related data elements an to justify usage of stretcher.	d the	eir content	
			ALIAS: Stretcher P	urpose Description			
			NSF Reference: GA	0-21.0			
			INDUSTRY: Stretc	her Purpose Description			

Segment: CR2 Spinal Manipulation Service Information

Position: 200

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To supply information related to the chiropractic service rendered to a patient

**Syntax Notes:** 1 If either CR201 or CR202 is present, then the other is required.

If CR204 is present, then CR203 is required.

3 If either CR205 or CR206 is present, then the other is required.

**Semantic Notes:** 1 CR201 is the number this treatment is in the series.

2 CR202 is the total number of treatments in the series.

- 3 CR206 is the time period involved in the treatment series.
- 4 CR207 is the number of treatments rendered in the month of service.
- 5 CR209 is complication indicator. A "Y" value indicates a complicated condition; an "N" value indicates an uncomplicated condition.
- CR210 is a description of the patient's condition.
- 7 CR211 is an additional description of the patient's condition.
- **8** CR212 is X-rays availability indicator. A "Y" value indicates X-rays are maintained and available for carrier review; an "N" value indicates X-rays are not maintained and available for carrier review.
- **Comments:** 1 When both CR203 and CR204 are present, CR203 is the beginning level of subluxation and CR204 is the ending level of subluxation.

**Notes:** The CR2 segment in Loop ID-2300 applies to the entire claim unless overridden by the presence of a CR2 segment in Loop ID-2400.

Required on all claims involving spinal manipulation. Such claims could originate with chiropractors, physical therapists, DOs, and many other types of health care providers.

			Data Eleme	ent Summary			
Required			Name Count		Attı X	ributes N0 1/9	
			Occurrence counter				
			ALIAS: Treatment N	Number. Spinal Manipulation			
			NSF Reference: GC	0-07.0			
ъ	CDAGA	200	INDUSTRY: Treatm	nent Series Number	<b>X</b> 7	D 1/15	
Required	CR202	380	Quantity		X	R 1/15	
			Numeric value of qu	-			
			ALIAS: Treatment S	Series Total. Spinal Manipulation			
			NSF Reference: GC	0-07.0			
			INDUSTRY: Treatm	nent Count			
Situatio	CR203	1367	Subluxation Level (	Code	X	ID 2/3	
			Code identifying the	specific level of subluxation			
			Required if subluxat	ion is involved in the claim.			
			ALIAS: Subluxation	Level Code			
			NSF Reference: GC	0-08.0			
			INDUSTRY: Sublux				
			C1	Cervical 1			
				Adjustment of the first neck vertebrae			
			C2	Cervical 2			

G2	Adjustment of the second neck vertebrae
C3	Cervical 3
C4	Adjustment of the third neck vertebrae Cervical 4
C4	
C5	Adjustment of the fourth neck vertebrae  Cervical 5
C3	
C6	Adjustment of the fifth neck vertebrae Cervical 6
Co	Adjustment of the sixth neck vertebrae
C7	Cervical 7
C/	Adjustment of the seventh neck vertebrae
CO	Coccyx
CO	Adjustment of the caudal extremity of the vertebrae
IL	Ilium
IL	
	Adjustment of the expansive superior portion of the hip bone
L1	Lumbar 1
	Adjustment of the first vertebrae between the thorax and
	the pelvis
L2	Lumbar 2
	Adjustment of the second vertebrae between the thorax
L3	and the pelvis Lumbar 3
LJ	
	Adjustment of the third vertebrae between the thorax and the pelvis
L4	Lumbar 4
	Adjustment of the fourth vertebrae between the thorax
	and the pelvis
L5	Lumbar 5
	Adjustment to the fifth vertebrae between the thorax and
OC	the pelvis Occiput
OC .	Adjustment of the back part of the neck
SA	Sacrum
5A	2.000
	Adjustment of the triangular bone just below the lumbar vertebrae
T1	Thoracic 1
	Adjustment of the first vertebrae located between the
	neck and the respiratory diaphragm
T10	Thoracic 10
	Adjustment of the tenth vertebrae located between the
T11	neck and the respiratory diaphragm Thoracic 11
111	Adjustment of the eleventh vertebrae located between the
	neck and the respiratory diaphragm
T12	Thoracic 12
	Adjustment of the twelfth vertebrae located between the
	neck and the respiratory diaphragm
T2	Thoracic 2
	Adjustment of the second vertebrae located between the
Т3	neck and the respiratory diaphragm Thoracic 3
1.5	Adjustment of the third vertebrae located between the
	neck and the respiratory diaphragm
T4	Thoracic 4

			T5	Adjustment of the fourth vertebrae located between the neck and the respiratory diaphragm Thoracic 5
			Т6	Adjustment of the fifth vertebrae located between the neck and the respiratory diaphragm Thoracic 6
			Т7	Adjustment of the sixth vertebrae located between the neck and the respiratory diaphragm Thoracic 7
			Т8	Adjustment of the seventh vertebrae located between the neck and the respiratory diaphragm Thoracic 8
			Т9	Adjustment of the eighth vertebrae located between the neck and the respiratory diaphragm Thoracic 9
Situatio	CR204	1367	Subluxation Level	Adjustment of the ninth vertebrae located between the neck and the respiratory diaphragm  Code  O ID 2/3
Situatio	CR204	1307		
				e specific level of subluxation all subluxation is involved in claim to indicate a range (i.e., R203 to CR204).
			ALIAS: Subluxatio	n Level Code
			NSF Reference: GO	CO-08.0
			INDUSTRY: Sublu	vation Level Code
			C1	Cervical 1
				Adjustment of the first neck vertebrae
			C2	Cervical 2
				Adjustment of the second neck vertebrae
			C3	Cervical 3
			63	Adjustment of the third neck vertebrae
			C4	Cervical 4
			C+	Adjustment of the fourth neck vertebrae
			C5	Cervical 5
			CS	Adjustment of the fifth neck vertebrae
			C6	Cervical 6
			Co	Adjustment of the sixth neck vertebrae
			C7	Cervical 7
			Ci	Adjustment of the seventh neck vertebrae
			CO	Coccyx
			20	Adjustment of the caudal extremity of the vertebrae
			IL	Ilium
			111	Adjustment of the expansive superior portion of the hip
				bone
			L1	Lumbar 1
				Adjustment of the first vertebrae between the thorax and the pelvis
			L2	Lumbar 2

L3

and the pelvis

Lumbar 3

the pelvis

Adjustment of the second vertebrae between the thorax

Adjustment of the third vertebrae between the thorax and

			24
		L5	Adjustment of the fourth vertebrae between the thorax and the pelvis Lumbar 5
		OC	Adjustment to the fifth vertebrae between the thorax and the pelvis
		OC .	Occiput  Adjustment of the back part of the neck
		SA	Sacrum
		T1	Adjustment of the triangular bone just below the lumbar vertebrae Thoracic 1
		<b>T</b> 10	Adjustment of the first vertebrae located between the neck and the respiratory diaphragm
		T10	Thoracic 10
		T11	Adjustment of the tenth vertebrae located between the neck and the respiratory diaphragm Thoracic 11
		T12	Adjustment of the eleventh vertebrae located between the neck and the respiratory diaphragm Thoracic 12
		T2	Adjustment of the twelfth vertebrae located between the neck and the respiratory diaphragm Thoracic 2
		Т3	Adjustment of the second vertebrae located between the neck and the respiratory diaphragm Thoracic 3
		T4	Adjustment of the third vertebrae located between the neck and the respiratory diaphragm Thoracic 4
		T5	Adjustment of the fourth vertebrae located between the neck and the respiratory diaphragm Thoracic 5
		Т6	Adjustment of the fifth vertebrae located between the neck and the respiratory diaphragm Thoracic 6
		Т7	Adjustment of the sixth vertebrae located between the neck and the respiratory diaphragm Thoracic 7
		Т8	Adjustment of the seventh vertebrae located between the neck and the respiratory diaphragm Thoracic 8
		Т9	Adjustment of the eighth vertebrae located between the neck and the respiratory diaphragm Thoracic 9
		19	Adjustment of the ninth vertebrae located between the neck and the respiratory diaphragm
Required Cl	R205 355		Measurement Code X ID 2/2
			e units in which a value is being expressed, or manner in ent has been taken
			or Basis for Measurement Code
		DA	Days
		MO	Months
		WK	Week
		YR	Years
<b>Required Cl</b> P837V401 (004010	<b>R206</b> 380 (0X098)	Quantity	X R 1/15 August 8, 2001

L4

Lumbar 4

Numeric value of quantity

ALIAS: Treatment Series Period. Spinal Manipulation

NSF Reference: GC0-09.0

INDUSTRY: Treatment Period Count

Required CR207 380 Quantity O R 1/15

Numeric value of quantity

ALIAS: Treatment Number in Month. Spinal Manipulation

NSF Reference: GC0-10.0

**INDUSTRY: Monthly Treatment Count** 

Required CR208 1342 Nature of Condition Code O ID 1/1

Code indicating the nature of a patient's condition

ALIAS: Nature of Condition Code. Spinal Manipulation

NSF Reference: GC0-11.0

INDUSTRY: Patient Condition Code

A Acute Condition
A disease of rapid onset, severe symptoms, and brief

duration

C Chronic Condition

A disease of long duration involving very slow changes; such a disease is often of gradual onset; the term does not

imply anything about the severity of the disease

D Non-acute

E Non-Life Threatening

F Routine
G Symptomatic

M Acute Manifestation of a Chronic Condition

A disease of long duration interrupted by a rapid onset of

severe symptoms of brief duration

Required CR209 1073 Yes/No Condition or Response Code O ID 1/1

Code indicating a Yes or No condition or response

ALIAS: Complication Indicator. Spinal Manipulation

NSF Reference: GC0-13.0

**INDUSTRY:** Complication Indicator

N No Y Yes

Situatio CR210 352 Description O AN 1/80

A free-form description to clarify the related data elements and their content

Used at discretion of submitter.

ALIAS: Patient Condition Description. Spinal Manipulation

NSF Reference: GC0-14.0

INDUSTRY: Patient Condition Description

Situatio CR211 352 Description O AN 1/80

A free-form description to clarify the related data elements and their content

Used at discretion of submitter.

ALIAS: Patient Condition Description. Spinal Manipulation

NSF Reference: GC0-14.0

INDUSTRY: Patient Condition Description

Required CR212 1073 Yes/No Condition or Response Code O ID 1/1

Code indicating a Yes or No condition or response

ALIAS: X-ray Availability Indicator. Spinal Manipulation

NSF Reference: GC0-15.0

INDUSTRY: X-ray Availability Indicator

N No Y Yes Segment: CRC Ambulance Certification

**Position:** 220

**Loop:** 2300 Optional

Data

Level: Detail
Usage: Optional
Max Use: 3

**Purpose:** To supply information on conditions

**Syntax Notes:** 

**Semantic Notes:** 1 CRC01 qualifies CRC03 through CRC07.

2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the

condition codes in CRC03 through CRC07 do not apply.

**Comments:** 

Ref.

**Notes:** The CRC segment in Loop ID-2300 applies to the entire claim unless overridden by a

CRC segment at the service line level in Loop ID-2400 with the same value in CRC01.

Required on ambulance claims/encounters, i.e. when CR1 segment is used.

Required	Des. CRC01	Element 1136	Name Code Category		Attr M	ibutes ID 2/2	
Required	CKC01	1130		on or category to which the code applies	141	11) 2/2	
			INDUSTRY: Code				
			07	Ambulance Certification			
Required	CRC02	1073	Yes/No Condition of		M	ID 1/1	
•				es or No condition or response			
			•	n Condition Code Applies Indicator			
			INDUSTRY: Certifi	ication Condition Indicator			
			N	No			
			Y	Yes			
Required	CRC03	1321	<b>Condition Indicato</b>	r	M	ID 2/2	
			Code indicating a co	ondition			
			The codes for CRC	33 also can be used for CRC04 through C	RC07	<b>'</b> .	
			ALIAS: Condition Indicator				
			INDUSTRY: Condi	tion Code			
			01	Patient was admitted to a hospital			
				GA0-06.0			
			02	Patient was bed confined before the amb	bulan	ce service	
				GA0-08.0			
			03	Patient was bed confined after the ambu	lance	service	
				GA0-09.0			
			04	Patient was moved by stretcher			
				GA0-10.0			
			05	Patient was unconscious or in shock			
				GA0-11.0			
			06	Patient was transported in an emergency	situa	ition	
				GA0-12.0			
			07	Patient had to be physically restrained			
			00	GA0-13.0			
			08	Patient had visible hemorrhaging			

DRAFT				
				GA0-14.0
			09	Ambulance service was medically necessary GA0-16.0
			60	Transportation Was To the Nearest Facility GA0-24.0
Situatio	CRC04	1321	Condition Indicato	
			Code indicating a co	
			_	al condition codes are needed.
			Use the codes listed	in CRC03.
			ALIAS: Condition I	ndicator
			INDUSTRY: Condi	tion Code
			01	Patient was admitted to a hospital
			02	Patient was bed confined before the ambulance service
			03	Patient was bed confined after the ambulance service
			04	Patient was moved by stretcher
			05	Patient was unconscious or in shock
			06	Patient was transported in an emergency situation
			07	Patient had to be physically restrained
			08	Patient had visible hemorrhaging
			09	Ambulance service was medically necessary
			60	Transportation Was To the Nearest Facility
Situatio	CRC05	1321	Condition Indicato	
			Code indicating a co	ondition
			=	al condition codes are needed.
			Use the codes listed	
			ALIAS: Condition I	
			INDUSTRY: Condi	tion Code
			01	Patient was admitted to a hospital
			02	Patient was bed confined before the ambulance service
			03	Patient was bed confined after the ambulance service
			04	Patient was moved by stretcher
			05	Patient was unconscious or in shock
			06	Patient was transported in an emergency situation
			07	Patient had to be physically restrained
			08	Patient had visible hemorrhaging
			09	Ambulance service was medically necessary
			60	Transportation Was To the Nearest Facility
Situatio	CRC06	1321	<b>Condition Indicato</b>	O ID 2/2
			Code indicating a co	ondition
			Required if addition	al condition codes are needed.
			Use the codes listed	in CRC03.
			ALIAS: Condition I	ndicator
			INDUSTRY: Condi	tion Code
			01	Patient was admitted to a hospital
			02	Patient was bed confined before the ambulance service
D00511401 (00 10107705 T			~ <b>-</b>	- man and a continue outsite the unioniance service

Situatio	CRC07	1321	Condition Indicator	O = ID 2/2
			60	Transportation Was To the Nearest Facility
			09	Ambulance service was medically necessary
			08	Patient had visible hemorrhaging
			07	Patient had to be physically restrained
			06	Patient was transported in an emergency situation
			05	Patient was unconscious or in shock
			04	Patient was moved by stretcher
			03	Patient was bed confined after the ambulance service

Situatio CRC07 1321 Condition Indicator

O ID 2/2

Code indicating a condition

Required if additional condition codes are needed.

Use the codes listed in CRC03.

ALIAS: Condition Indicator

# INDUSTRY: Condition Code

01	Patient was admitted to a hospital
02	Patient was bed confined before the ambulance service
03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
60	Transportation Was To the Nearest Facility

Segment: CRC Patient Condition Information: Vision

**Position:** 220

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 3

**Purpose:** To supply information on conditions

Syntax Notes:

**Semantic Notes:** 1 CRC01 qualifies CRC03 through CRC07.

2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the

condition codes in CRC03 through CRC07 do not apply.

**Comments:** 

**Notes:** Required on vision claims/encounters involving replacement lenses or frames.

	Ref.	Data	Data Eleme	ent Summary		
	Des.	Element	<u>Name</u>		Attı	ributes
Required	CRC01	1136	Code Category		M	ID 2/2
			Specifies the situation	on or category to which the code applies		
			INDUSTRY: Code (	Category		
			E1	Spectacle Lenses		
			E2	Contact Lenses		
			E3	Spectacle Frames		
Required	CRC02	1073	Yes/No Condition of	or Response Code	$\mathbf{M}$	ID 1/1
•				es or No condition or response		
			_	n Condition Code Applies Indicator		
				- Pr		
			INDUSTRY: Certifi	cation Condition Indicator		
			N	No		
			Y	Yes		
Required	CRC03	1321	Condition Indicator	r	M	ID 2/2
			Code indicating a co	ondition		
			ALIAS: Condition I	ndicator		
			INDUSTRY: Condit	tion Code		
			L1	General Standard of 20 Degree or .5 Did	opter	Sphere or
				Cylinder Change Met	-	•
			L2	Replacement Due to Loss or Theft		
			L3	Replacement Due to Breakage or Damag	ge	
			L4	Replacement Due to Patient Preference		
			L5	Replacement Due to Medical Reason		
Situatio	CRC04	1321	<b>Condition Indicator</b>	r	O	ID 2/2
			Code indicating a co	ondition		
			Use codes listed in C	CRC03.		
			Required if addition	al condition codes are needed.		
			INDUSTRY: Condit	tion Code		
			L1	General Standard of 20 Degree or .5 Did	opter	Sphere or
				Cylinder Change Met	-	•
			L2	Replacement Due to Loss or Theft		
			L3	Replacement Due to Breakage or Damag	ge	
			L4	Replacement Due to Patient Preference		
			L5	Replacement Due to Medical Reason		

DD A ET						
DRAFT Situatio	CRC05	1321	Condition Indica	tor	0	ID 2/2
			Code indicating a	condition		
			Use codes listed in			
			Required if addition	onal condition codes are needed.		
			INDUSTRY: Con	dition Code		
			L1	General Standard of 20 Degree or .5 Di Cylinder Change Met	opter	Sphere or
			L2	Replacement Due to Loss or Theft		
			L3	Replacement Due to Breakage or Dama	ge	
			L4	Replacement Due to Patient Preference	_	
			L5	Replacement Due to Medical Reason		
Situatio	CRC06	1321	<b>Condition Indica</b>	tor	O	ID 2/2
			Code indicating a	condition		
			Use codes listed in	ı CRC03.		
			Required if addition	onal condition codes are needed.		
			INDUSTRY: Con	dition Code		
			L1	General Standard of 20 Degree or .5 Di	opter	Sphere or
				Cylinder Change Met		
			L2	Replacement Due to Loss or Theft		
			L3	Replacement Due to Breakage or Dama	_	
			L4	Replacement Due to Patient Preference		
	~~~~		L5	Replacement Due to Medical Reason	_	
Situatio	CRC07	1321	Condition Indica		О	ID 2/2
			Code indicating a			
			Use codes listed in	i CRC03.		
			Required if addition	onal condition codes are needed.		
			INDUSTRY: Con	dition Code		
			L1	General Standard of 20 Degree or .5 Di Cylinder Change Met	opter	Sphere or
			L2	Replacement Due to Loss or Theft		
			L3	Replacement Due to Breakage or Dama	ge	
			T 4	$\mathbf{D} = 1 + \mathbf{D} + \mathbf{D} + \mathbf{C} + \mathbf{D} + \mathbf{C}$		

L4 L5 Replacement Due to Patient Preference

Replacement Due to Medical Reason

Segment: CRC Homebound Indicator

**Position:** 220

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To supply information on conditions

Syntax Notes:

**Semantic Notes:** 1 CRC01 qualifies CRC03 through CRC07.

2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.

Comments:

**Notes:** Required for Medicare claims/encounters when an independent laboratory renders an

EKG tracing or obtains a specimen from a homebound or institutionalized patient.

	Ref.	Data	N	<b>.</b>	••
Dogwinod	Des.	Element	Name Code Cotegory	Attr M	<u>ributes</u> ID 2/2
Required	CRC01	1136	Code Category	IVI	ID 2/2
			Specifies the situation or category to which the code applies		
			INDUSTRY: Code Category		
			75 Functional Limitations		
Required	CRC02	1073	Yes/No Condition or Response Code	$\mathbf{M}$	ID 1/1
			Code indicating a Yes or No condition or response		
			INDUSTRY: Certification Condition Indicator		
			Y Yes		
Required	CRC03	1321	Condition Indicator	$\mathbf{M}$	ID 2/2
			Code indicating a condition		
			INDUSTRY: Homebound Indicator		
			IH Independent at Home		
			EA0-50.0		
Not Used	CRC04	1321	Condition Indicator	O	ID 2/2
			Code indicating a condition		
Not Used	CRC05	1321	Condition Indicator	O	ID 2/2
			Code indicating a condition		
Not Used	CRC06	1321	Condition Indicator	O	ID 2/2
			Code indicating a condition		
Not Used	CRC07	1321	Condition Indicator	O	ID 2/2
			Code indicating a condition		

Segment: Health Care Diagnosis Code

**Position:** 231

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To supply information related to the delivery of health care

**Syntax Notes:** 1 If either C02203 or C02204 is present, then the other is required.

- 2 If either C02203 or C02204 is present, then the other is required.
- 3 If either C02203 or C02204 is present, then the other is required.
- 4 If either C02203 or C02204 is present, then the other is required.
- 5 If either C02203 or C02204 is present, then the other is required.
- 6 If either C02203 or C02204 is present, then the other is required.
- 7 If either C02203 or C02204 is present, then the other is required.
- **8** If either C02203 or C02204 is present, then the other is required.
- 9 If either C02203 or C02204 is present, then the other is required.
- 10 If either C02203 or C02204 is present, then the other is required.
  11 If either C02203 or C02204 is present, then the other is required.
- 12 If either C02203 or C02204 is present, then the other is required.

Semantic Notes: Comments:

**Notes:** Required on all claims/encounters except claims for which there are no diagnoses (e.g.,

taxi claims).

Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.

	Ref.	Data	Data Element Summary		
	Des.	Element	Name	Attr	<u>ributes</u>
Required	HI01	C022	Health Care Code Information	M	
			To send health care codes and their associated dates, amounts	s and	quantities
			With a few exceptions, it is not recommended to put E codes may be put in any other HI element using BF as the qualifier.		I01. E codes
			The diagnosis listed in this element is assumed to be the princ	cipal	diagnosis.
D : 1	G02201	1050	ALIAS: Principal Diagnosis	3.5	ID 1/2
Required	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
			INDUSTRY: Diagnosis Type Code		
			BK Principal Diagnosis		
			ICD-9 Codes		
Required	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list		
			NSF Reference: EA0-32.0, GX0-31.0, GU0-12.0		
			INDUSTRY: Diagnosis Code		
Not Used	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Code indicating the date format, time format, or date and time	e forn	nat
Not Used	C02204	1251	Date Time Period	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates	and t	times
Not Used	C02205	782	Monetary Amount	O	R 1/18
			Monetary amount		
Not Used	C02206	380	Quantity	O	R 1/15
			Numeric value of quantity		
Not Used	C02207	<b>799</b>	Version Identifier	O	AN 1/30
P837V401 (0	04010X098)		156	1	August 8, 2001

Situatio Situatio	HI02	C022	Revision level of a particular format, program, technique or <b>Health Care Code Information</b> To send health care codes and their associated dates, amount Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-03. Required if needed to report an additional diagnoses and if the data elements have been used to report other diagnoses.	O ts and 01 and	quantities 1 C022-03.
Required	C02201	1270	ALIAS: Diagnosis  Code List Qualifier Code  Code identifying a specific industry code list  INDUSTRY: Diagnosis Type Code  BF Diagnosis	M	ID 1/3
Required	C02202	1271	ICD-9 Codes Industry Code Code indicating a code from a specific industry code list NSF Reference: EA0-33.0, GX0-32.0, GU0-13.0	M	AN 1/30
Not Used	C02203	1250	INDUSTRY: Diagnosis Code  Date Time Period Format Qualifier  Code indicating the date format, time format, or date and time	X	ID 2/3
Not Used	C02204	1251	Date Time Period	X	AN 1/35
			Expression of a date, a time, or range of dates, times or date	s and	
Not Used	C02205	782	Monetary Amount	O	R 1/18
			Monetary amount	_	
Not Used	C02206	380	Quantity	О	R 1/15
Not Used	C02207	799	Numeric value of quantity  Version Identifier	0	AN 1/30
Not Oseu	C02207	199	Revision level of a particular format, program, technique or	_	
Situatio	HI03	C022	Health Care Code Information	0	
			To send health care codes and their associated dates, amount	ts and	quantities
			Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-0	)1 and	C022-03.
			Required if needed to report an additional diagnoses and if t data elements have been used to report other diagnoses.	he pre	eceeding HI
Required	C02201	1270	ALIAS: Diagnosis  Code List Qualifier Code  Code identifying a specific industry code list  INDUSTRY: Diagnosis Type Code  BF Diagnosis  ICD-9 Codes	M	ID 1/3
Required	C02202	1271	Industry Code Code indicating a code from a specific industry code list NSF Reference: EA0-34.0, GX0-33.0, GU0-14.0	M	AN 1/30
			INDUSTRY: Diagnosis Code		
Not Used	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Code indicating the date format, time format, or date and tim	ne for	mat
Not Used	C02204	1251	Date Time Period	X	AN 1/35
			Expression of a date, a time, or range of dates, times or date	s and	
Not Used	C02205	782	Monetary Amount  Monetary amount	О	R 1/18

DRAFT <b>Not Used</b>	C02206	380	Quantity	o	R 1/15
			Numeric value of quantity		
Not Used	C02207	799	Version Identifier	O	AN 1/30
			Revision level of a particular format, program, technique or	algori	ithm
Situatio	HI04	C022	Health Care Code Information	O	
			To send health care codes and their associated dates, amount	s and	quantities
			Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-0	1 and	C022-03.
			Required if needed to report an additional diagnoses and if the data elements have been used to report other diagnoses.	ne pre	eceeding HI
			ALIAS: Diagnosis		
Required	C02201	1270	Code List Qualifier Code	$\mathbf{M}$	ID 1/3
			Code identifying a specific industry code list		
			INDUSTRY: Diagnosis Type Code		
			BF Diagnosis		
			ICD-9 Codes		
Required	C02202	1271	Industry Code	$\mathbf{M}$	AN 1/30
			Code indicating a code from a specific industry code list		
			NSF Reference: EA0-35.0, GX0-34.0, GU0-15.0		
			INDUSTRY: Diagnosis Code		
Not Used	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Code indicating the date format, time format, or date and tim		nat
Not Used	C02204	1251	Date Time Period X		AN 1/35
			Expression of a date, a time, or range of dates, times or dates	and	times
Not Used	C02205	782	Monetary Amount	O	R 1/18
			Monetary amount		
Not Used	C02206	380	Quantity	O	R 1/15
			Numeric value of quantity		
Not Used	C02207	799	Version Identifier	O	AN 1/30
			Revision level of a particular format, program, technique or	algori	ithm
Situatio	HI05	C022	Health Care Code Information	O	
			To send health care codes and their associated dates, amount		-
			Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-0	1 and	C022-03.
			Required if needed to report an additional diagnoses and if the data elements have been used to report other diagnoses.	ne pre	eceeding HI
			ALIAS: Diagnosis		
Required	C02201	1270	Code List Qualifier Code	$\mathbf{M}$	ID 1/3
			Code identifying a specific industry code list		
			INDUSTRY: Diagnosis Type Code		
			BF Diagnosis		
			ICD-9 Codes		
Required	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list		
			INDUSTRY: Diagnosis Code		
Not Used	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
** - ** -	G0.55C :	4.5.	Code indicating the date format, time format, or date and time		
Not Used	C02204	1251	Date Time Period	X	AN 1/35
NI.4 FI F	C02205	<b>5</b> 02	Expression of a date, a time, or range of dates, times or dates		
Not Used	C02205	782	Monetary Amount	O	R 1/18
P837V401 (0	04010X098)		158		August 8, 2001

			Monetary amount		
Not Used	C02206	380	Quantity	o	R 1/15
			Numeric value of quantity		
Not Used	C02207	799	Version Identifier	O	AN 1/30
			Revision level of a particular format, program, technique or	algori	ithm
Situatio	HI06	C022	Health Care Code Information	O	
			To send health care codes and their associated dates, amount	s and	quantities
			Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-0	1 and	C022-03.
			Required if needed to report an additional diagnoses and if the data elements have been used to report other diagnoses.	ne pre	ceeding HI
			ALIAS: Diagnosis		
Required	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
			INDUSTRY: Diagnosis Type Code		
			BF Diagnosis		
D	C02202	1051	ICD-9 Codes	3.7	A NI 1/20
Required	C02202	1271	Industry Code  Code indicating a code from a specific industry code list	M	AN 1/30
			Code indicating a code from a specific industry code list INDUSTRY: Diagnosis Code		
Not Used	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
not oscu	C02203	1230	Code indicating the date format, time format, or date and tim		
Not Used	C02204	1251	Date Time Period	X	AN 1/35
1100 0000	002201		Expression of a date, a time, or range of dates, times or dates		
Not Used	C02205	782	Monetary Amount	o	R 1/18
			Monetary amount		
Not Used	C02206	380	Quantity	O	R 1/15
			Numeric value of quantity		
Not Used	C02207	799	Version Identifier	O	AN 1/30
			Revision level of a particular format, program, technique or	algori	ithm
Situatio	HI07	C022	Health Care Code Information	0	
			To send health care codes and their associated dates, amount		-
			Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-0	1 and	C022-03.
			Required if needed to report an additional diagnoses and if the data elements have been used to report other diagnoses.	ne pre	eceeding HI
			ALIAS: Diagnosis		
Required	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
			INDUSTRY: Diagnosis Type Code		
ъ	C02202	1051	BF Diagnosis ICD-9 Codes	3.7	A NI 1/20
Required	C02202	1271	Industry Code  Code indicating a code from a greatific industry code list	M	AN 1/30
			Code indicating a code from a specific industry code list		
Not Used	C02203	1250	INDUSTRY: Diagnosis Code  Date Time Period Format Qualifier	X	ID 2/3
THUI USEU	CU22U3	1230	Code indicating the date format, time format, or date and tim		
Not Used	C02204	1251	Date Time Period	X	AN 1/35
	v·		Expression of a date, a time, or range of dates, times or dates		
Not Used	C02205	782	Monetary Amount	O	R 1/18
			•		

210.11			Monetary amount		
Not Used	C02206	380	Quantity	O	R 1/15
			Numeric value of quantity		
Not Used	C02207	799	Version Identifier	O	AN 1/30
			Revision level of a particular format, program, technique or a	ılgori	ithm
Situatio	HI08	C022	Health Care Code Information	O	
			To send health care codes and their associated dates, amounts	and	quantities
			Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-03	land	C022-03.
			Required if needed to report an additional diagnoses and if th data elements have been used to report other diagnoses.	e pre	eceeding HI
			ALIAS: Diagnosis		
Required	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
			INDUSTRY: Diagnosis Type Code		
			BF Diagnosis		
D ' 1	C02202	1051	ICD-9 Codes	3.4	A NI 1/20
Required	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list		
Not Used	C02203	1250	INDUSTRY: Diagnosis Code  Date Time Period Format Qualifier	X	ID 2/3
Not Useu	C02203	1250	Code indicating the date format, time format, or date and time		, _,
Not Used	C02204	1251	Date Time Period	<b>X</b>	AN 1/35
Not Oseu	C02204	1231	Expression of a date, a time, or range of dates, times or dates		
Not Used	C02205	782	Monetary Amount	0	R 1/18
Not Oscu	C02203	702	Monetary amount	U	K 1/10
Not Used	C02206	380	Quantity	0	R 1/15
1100 0500	002200	200	Numeric value of quantity		11 1/10
Not Used	C02207	799	Version Identifier	0	AN 1/30
			Revision level of a particular format, program, technique or a	ılgori	
Not Used	HI09	C022	Health Care Code Information	o	
			To send health care codes and their associated dates, amounts	and	quantities
Not Used	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
Not Used	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list		
Not Used	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Code indicating the date format, time format, or date and time	e forr	nat
Not Used	C02204	1251	Date Time Period	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates	and t	
Not Used	C02205	782	Monetary Amount	O	R 1/18
			Monetary amount		
Not Used	C02206	380	Quantity	O	R 1/15
	~~~~		Numeric value of quantity	_	
Not Used	C02207	799	Version Identifier	0	AN 1/30
NI A TI. I	<b>TTT</b> 10	C022	Revision level of a particular format, program, technique or a	_	ithm
Not Used	HI10	C022	Health Care Code Information	0	
Not Hand	C02201	1270	To send health care codes and their associated dates, amounts		-
Not Used	C02201	1270	Code List Qualifier Code  Code identifying a specific industry code list	M	ID 1/3
			Code identifying a specific industry code list		

Not Used   C02202   1271   Industry Code   Main   Na   Na   Na   Na   Na   Na   Na   N	DRAFT					
Not Used         C02203         1250 Date Time Period Format Qualifier         X ID 2/3 Code indicating the date format, time format, or date and time format. Time Period	Not Used	C02202	1271	Industry Code	M	AN 1/30
Not Used   Co2204   1251   Date Time Period   S   AN 1/35   Expression of a date, a time, or range of dates, times or dates and times   Not Used   Co2205   782   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary				Code indicating a code from a specific industry code list		
Not Used         C02204         1251         Date Time Period Expression of a date, a time, or range of dates, times or dates and times. The property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of th	Not Used	C02203	1250	Date Time Period Format Qualifier	$\mathbf{X}$	ID 2/3
Not Used   C02205   782   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   Monetary Amount   M				Code indicating the date format, time format, or date and tim	e forr	nat
Not Used         C02205         782         Monetary Amount Monetary amount         O         R 1/15 Monetary amount           Not Used         C02206         380         Quantity Quantity         O         R 1/15           Not Used         C02207         799         Version Identifier Revision level of a particular format, program, technique or algoritum To send health care codes and their associated dates, amounts and quantities         Image: Code Identifier Code Revision level of a particular format, program, technique or algoritum To send health care codes and their associated dates, amounts and quantities           Not Used         C02201         1270         Code List Qualifier Code Code identifying a specific industry code list         M         AN 1/30 Revision Revision gas pecific industry code list           Not Used         C02202         1271         Industry Code Code indicating a code from a specific industry code list         Image: Code indicating a code from a specific industry code list         Image: Code indicating a code from a specific industry code list         Image: Code indicating a code from a specific industry code list         Image: Code indicating the date format, time format, or date and time: Format Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision Revision	Not Used	C02204	1251	Date Time Period	X	AN 1/35
Not Used         C02206         380         Quantity (puantity)         O         R 1/15           Not Used         C02207         799         Version Identifier (position level of a particular format, program, technique or algorithm (position level of a particular format, program, technique or algorithm (position level of a particular format, program, technique or algorithm (position level of a particular format, program, technique or algorithm (position level of a particular format, program, technique or algorithm (position level of a particular format, program, technique or algorithm (position level of a particular format, program, technique or algorithm (position level of a particular format, program, technique or algorithm (position level of a determinat) (position level of a determination level of a determination level (position level of position link)         Not 10 1/30         Monetary and position level of a particular format, time format, or date and time format.         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not 10 2/3         Not				Expression of a date, a time, or range of dates, times or dates	and	times
Not Used         C02206         380         Quantity Numeric value of quantity         O         N 1/30 Numeric value of quantity           Not Used         C02207         799         Version Identifier Revision level of a particular format, program, technique or algorithment and provided in particular format, program, technique or algorithment and provided in particular format, program, technique or algorithment and provided in particular format, program, technique or algorithment and provided in particular format, program, technique or algorithment and provided in particular format, program, technique or algorithment and provided in provided in particular format, program, technique or algorithment and provided in particular format, program, technique or algorithment and provided in particular format, program, technique or algorithment and provided in particular format, program, technique or algorithment and provided in particular format, program, technique or algorithment and provided in particular format, program, technique or algorithment and provided in particular format, program, technique or algorithment and provided in particular format, program, technique or algorithment and provided in particular format, program, technique or algorithment and provided in particular format, program, technique or algorithment and provided in particular format, program, technique or algorithment and provided in particular provided in particular format, program, technique or algorithment and provided in particular format, program, technique or algorithment and provided in particular provided in particular format, program, technique or algorithment and provided in particular provided in particular format, program, technique and provided in particular provided in particular provided in particular provided in particular provided in particular provided in particular provided in particular provided in parti	Not Used	C02205	782	Monetary Amount	O	R 1/18
Not Used         C02207         799         Version Identifier Revision level of a particular format, program, technique or algoritural formation on the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of the program of t				Monetary amount		
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Not Used         HIII         C022 Bealth Care Code Information To send health care codes and their associated dates, amounts and quantities of Code identifying a specific industry code list         Not Used         C02201 Code List Qualifier Code Tode industry code list         M ID 1/3           Not Used         C02202 Code identifying a specific industry code list         M AN 1/30 Code indicating a code from a specific industry code list         M AN 1/30 Code indicating a code from a specific industry code list         X ID 2/3           Not Used         C02203 Code indicating a code from a specific industry code list         X AN 1/35 Code indicating the date format, or date and time format.           Not Used         C02204 Code indicating the date format, time format, or date and time format.         X AN 1/35 Code indicating the date format, program, technique or algoritum.           Not Used         C02205 Code indicating the date format, program, technique or algoritum.         D R 1/18 Code indicating a code from a specific industry code list.           Not Used         C02205 Code indicating a code from a specific industry code list.         Not Used Code indicating a code from a specific industry code list.           Not Used         C02201 Code indicating a code from a specific industry code list.           Not Used         C02202 Code indicating a code from a specific industry code list.           Not Used         C02202 Code indicating a code from a specific industry code list.           Not Used         C02203 Code indicating a code from a specific indust				Numeric value of quantity		
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Not Used         C02201         1270         Code List Qualifier Code Code identifying a specific industry code list         M         ID 1/3           Not Used         C02202         1271         Industry Code Code identifying a specific industry code list         M         AN 1/30           Not Used         C02203         1250         Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format.         X         ID 2/3           Not Used         C02204         1251         Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format.         X         AN 1/35           Not Used         C02205         782         Monetary Amount Monetary Amount         O         R 1/18           Not Used         C02206         380         Quantity Quantity         O         R 1/15           Not Used         C02207         799         Version Identifier Revision level of a particular format, program, technique or algorithm Revision level of a particular format, program, technique or algorithm Revision level of a particular format, program, technique or algorithm Revision level of a particular format, program, technique or algorithm Revision level of a particular format, program, technique or algorithm Revision level of a particular format, program, technique or algorithm Revision level of a particular format, program, technique or algorithm Revision level of a particular format, program, technique or algorithm Revision level of a particular format, program, technique or algo				Revision level of a particular format, program, technique or	algori	ithm
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				Numeric value of quantity		
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Revision level of a particular format, program, technique or algorithm				Revision level of a particular format, program, technique or	algori	ithm

Segment:	HCP	Claim Pricing/Repricing Information

**Position:** 241

Loop: 2300 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify pricing or repricing information about a health care claim or line item

**Syntax Notes:** 1 At least one of HCP01 or HCP13 is required.

- If either HCP09 or HCP10 is present, then the other is required.
- 3 If either HCP11 or HCP12 is present, then the other is required.

#### **Semantic Notes:** 1 HCP02 is the allowed amount.

- 2 HCP03 is the savings amount.
- 3 HCP04 is the repricing organization identification number.
- 4 HCP05 is the pricing rate associated with per diem or flat rate repricing.
- 5 HCP06 is the approved DRG code.
- 6 HCP07 is the approved DRG amount.
- HCP08 is the approved revenue code.
- **8** HCP10 is the approved procedure code.
- 9 HCP12 is the approved service units or inpatient days.
- **10** HCP13 is the rejection message returned from the third party organization.
- 11 HCP15 is the exception reason generated by a third party organization.

#### **Comments:**

HCP06, HCP07, HCP08, HCP10, and HCP12 are fields that will contain different values from the original submitted values.

Notes:

Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

For capitated encounters, pricing or repricing information usually is not applicable and is provided to qualify other information within the claim.

#### **Data Element Summary**

	Ref.	Data		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attributes</u>
Required	HCP01	1473	Pricing Methodology	X ID 2/2

Code specifying pricing methodology at which the claim or line item has been priced or repriced

Trading partners need to agree on the codes to use in this element. There do not appear to be standard definitions for the code elements.

ALIAS: Pricing/repricing methodology

# INDUSTRY: Pricing Methodology 00 Zero Pricing (Not Covered Under Contract)

00	Zero Pricing (Not Covered Under Contract)
01	Priced as Billed at 100%
02	Priced at the Standard Fee Schedule
03	Priced at a Contractual Percentage
04	Bundled Pricing
05	Peer Review Pricing
07	Flat Rate Pricing
08	Combination Pricing
09	Maternity Pricing
10	Other Pricing
11	Lower of Cost
12	Ratio of Cost
13	Cost Reimbursed
14	Adjustment Pricing

Required HCP02 782 Monetary Amount

Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

ALIAS: Allowed amount, Pricing

INDUSTRY: Repriced Allowed Amount

#### Situatio HCP03 782 Monetary Amount

O R 1/18

Monetary amount

Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

**ALIAS: Savings amount, Pricing** 

INDUSTRY: Repriced Saving Amount

### Situatio HCP04 127 Reference Identification

O AN 1/30

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

ALIAS: Repricing Organization Identifier

INDUSTRY: Repricing Organization Identifier

#### Situatio HCP05 118 Rate

O R 1/9

Rate expressed in the standard monetary denomination for the currency specified

Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

ALIAS: Pricing rate

INDUSTRY: Repricing Per Diem or Flat Rate Amount

#### Situatio HCP06 127 Reference Identification

O AN 1/30

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

ALIAS: Approved APG code, Pricing

INDUSTRY: Repriced Approved Ambulatory Patient Group Code

# Situatio HCP07 782 Monetary Amount

O R 1/18

Monetary amount

Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

ALIAS: Approved APG amount, Pricing

INDUSTRY: Repriced Approved Ambulatory Patient Group Amount

Not Used HCP08 234 Product/Service ID O AN 1/48

Identifying number for a product or service

Not Used HCP09 235 Product/Service ID Qualifier X ID 2/2

Code identifying the type/source of the descriptive number used in Product/Service ID (234)

Not Used HCP10 234 Product/Service ID X AN 1/48

Identifying number for a product or service

Not Used HCP11 355 Unit or Basis for Measurement Code X ID 2/2

P837V401 (004010X098) 163 August 8, 2001

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				the units in which a value is being expressed	l, or r	nanner in		
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Situatio	НСР13	901	Reject Reason C		X	ID 2/2		
Situatio	110113	701	•	v issuer to identify reason for rejection	21	110 2/2		
				ricers as needed. This information is specifi	c to ti	he		
				reported in the 2010BB loop.	<b>C</b> to th			
			ALIAS: Reject re	eason code				
			INDUSTRY: Rej					
			T1	Cannot Identify Provider as TPO (Third Organization) Participant	Party	y		
			T2	Cannot Identify Payer as TPO (Third Pa Participant	arty O	rganization)		
			Т3	Cannot Identify Insured as TPO (Third Organization) Participant	Party			
			T4	Payer Name or Identifier Missing				
			T5	Certification Information Missing				
			T6	Claim does not contain enough informa	tion f	or re-pricing		
Situatio	HCP14	1526	<b>Policy Complian</b>	ce Code	O	ID 1/2		
		Code specifying policy compliance						
				ricers as needed. This information is specific reported in the 2010BB loop.	c to tl	he		
			ALIAS: Policy compliance code					
			INDUSTRY: Pol	icy Compliance Code				
			1	Procedure Followed (Compliance)				
			2	Not Followed - Call Not Made (Non-Co Not Made)	mplia	ance Call		
			3	Not Medically Necessary (Non-Compli Medically Necessary)	ance l	Non-		
			4	Not Followed Other (Non-Compliance	Other	)		
			5	Emergency Admit to Non-Network Hos		•		
Situatio	HCP15	1527	<b>Exception Code</b>		0	ID 1/2		
			Code specifying	the exception reason for consideration of ou	ıt-of-r	network		
			health care servic					
			Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.					
			ALIAS: Exception	on code				
			INDUSTRY: Exc					
			1	Non-Network Professional Provider in	Netwo	ork Hospital		
			2	Emergency Care				
			3	Services or Specialist not in Network				
			4	Out-of-Service Area				
			5	State Mandates				
			6	Other				

Segment:  ${\bf CR7}$  Home Health Care Plan Information

**Position:** 242

Loop: 2305 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To supply information related to the home health care plan of treatment and services

Syntax Notes:

**Semantic Notes:** 1 CR702 is the total visits on this bill rendered prior to the recertification "to" date.

2 CR703 is the total visits projected during this certification period.

**Comments:** 

**Notes:** Required on home health claims/encounters that involve billing/reporting home health

visits.

# **Data Element Summary**

	Ref.	Data		•		
	Des.	<b>Element</b>	<u>Name</u>			<u>ibutes</u>
Required	CR701	921	Discipline Type	Code	M	ID 2/2
			Code indicating	disciplines ordered by a physician		
			ALIAS: Discipli	ne type code		
			INDUSTRY: Di	scipline Type Code		
			AI	Home Health Aide		
			MS	Medical Social Worker		
			OT	Occupational Therapy		
			PT	Physical Therapy		
			SN	Skilled Nursing		
			ST	Speech Therapy		
Required	CR702	1470	Number		M	N0 1/9
			A generic number	er		
			ALIAS: Total vi	sits rendered, home health		
			INDUSTRY: To	tal Visits Rendered Count		
Required	CR703	1470	Number		$\mathbf{M}$	N0 1/9
			A generic number	er		
			ALIAS: Total vi	sits projected, home health		

INDUSTRY: Certification Period Projected Visit Count

Segment: **HSD** Health Care Services Delivery

**Position:** 243

Loop: 2305 Optional

Level: Detail
Usage: Optional
Max Use: 3

**Purpose:** To specify the delivery pattern of health care services

**Syntax Notes:** 1 If either HSD01 or HSD02 is present, then the other is required.

2 If HSD06 is present, then HSD05 is required.

**Semantic Notes: Comments:** 

**Notes:** Required on claims/encounters billing/reporting home health visits where further detail is necessary to clearly substantiate medical treatment.

The HSD segment is used to specify the delivery pattern of the health care services. This is how it is used: HSD01 qualifies HSD02: If the value in HSD02=1 and the value in HSD01=VS (Visits), this means "one visit". Between HSD02 and HSD03 verbally insert a "per every." HSD03 qualifies HSD04: If the value in HSD04=3 and the value in HSD03=DA (Day), this means "three days." Between HSD04 and HSD05 verbally insert a "for." HSD05 qualifies HSD06: If the value in HSD06=21 and the value in HSD05=7 (Days), this means "21 days." The total message reads:

HSD\*VS\*1\*DA\*3\*7\*21~

= "One visit per every three days for 21 days."

Another similar data string of HSD\*VS\*2\*DA\*4\*7\*20~

= Two visits per every four days for 20 days.

An alternate way to use HSD is to employ HSD07 and/or HSD08. A data string of HSD\*VS\*1\*\*\*\*\*SX\*D~

means "1 visit on Wednesday and Thursday morning."

			Data Elem	ent Summary		
	Ref.	Data				
Des. Element			Name			<u>ibutes</u>
Situatio	HSD01	673	Quantity Qualifier		X	ID 2/2
			Code specifying the	type of quantity		
			Required if the orde	r/prescription for the service contains the	data.	
			INDUSTRY: Visits			
			VS	Visits		
Situatio	HSD02	380	Quantity		$\mathbf{X}$	R 1/15
			Numeric value of qu	antity		
			Required if the orde	r/prescription for the service contains the	data.	
			INDUSTRY: Numb	er of Visits		
Situatio	HSD03	355	Unit or Basis for M	leasurement Code	O	ID 2/2
			Code specifying the	units in which a value is being expressed	, or r	nanner in
			which a measureme	nt has been taken		
			Required if the orde	r/prescription for the service contains the	data.	
			ALIAS: Modulus, U	<sup>r</sup> nit		
			INDUSTRY: Frequ	ency Period		
			DA	Days		
			MO	Months		
				Month		
			Q1	Quarter (Time)		
			WK	Week		
Situatio	HSD04	1167	Sample Selection M	Iodulus	0	R 1/6

To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes Required if the order/prescription for the service contains the data.

ALIAS: Modulus, Amount

**INDUSTRY:** Frequency Count

Situatio HSD05 615 **Time Period Qualifier** 

Code defining periods

Required if the order/prescription for the service contains the data.

INDUSTRY: Duration of Visits Units

7 Day 35 Week

Situatio HSD06 **Number of Periods** 616

O N0 1/3

X ID 1/2

Total number of periods

Required if the order/prescription for the service contains the data.

INDUSTRY: Duration of Visits, Number of Units

Situatio HSD07 678 Ship/Delivery or Calendar Pattern Code O ID 1/2

> Code which specifies the routine shipments, deliveries, or calendar pattern Required if the order/prescription for the service contains the data.

ALIAS: Pattern Code

D

INDUSTRY: Ship, Delivery or Calendar Pattern Code

1st Week of the Month 2 2nd Week of the Month 3 3rd Week of the Month 4 4th Week of the Month 5 5th Week of the Month 6 1st & 3rd Weeks of the Month

7 2nd & 4th Weeks of the Month A Monday through Friday

В Monday through Saturday C Monday through Sunday

Monday

Е Tuesday F Wednesday G Thursday Η Friday J Saturday K Sunday

L Monday through Thursday

N As Directed

O Daily Mon. through Fri.

S Once Anytime Mon. through Fri.

SA Sunday, Monday, Thursday, Friday, Saturday

SB Tuesday through Saturday

SC Sunday, Wednesday, Thursday, Friday, Saturday SD Monday, Wednesday, Thursday, Friday, Saturday

SG Tuesday through Friday

SL Monday, Tuesday and Thursday

			SZ	Tuesday, Thursday and Friday		
			W	Whenever Necessary		
Situatio	HSD08	679	Ship/Deliver	ry Pattern Time Code O	ID 1/1	
			Code which specifies the time for routine shipments or deliveries			

Code which specifies the time for routine shipments or deliveries Required if the order/prescription for the service contains the data.

ALIAS: Time Code

INDUSTRY: Delivery Pattern Time Code

D A.M. E P.M.

F As Directed

Segment: NM1 Referring Provider Name

**Position:** 250

**Notes:** 

Loop: 2310A Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.

When there is only one referral on the claim, use code "DN - Referring Provider". When more than one referral exists and there is a requirement to report the additional referral, use code DN in the first iteration of this loop to indicate the referral received by the rendering provider on this claim. Use code "P3 - Primary Care Provider" in the second iteration of the loop to indicate the initial referral from the primary care provider or whatever provider wrote the initial referral for this patient's episode of care being billed/reported in this transaction.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required if claim involved a referral.

When reporting the provider who ordered services such as diagnostic and lab utilize the 2310A loop at the claim level. For ordered services such as DMERC utilize the 2420E Loop at the line level.

	D . C	D-4-	Duta Eitin	one Summary		
	Ref.	Data				
	Des.	<u>Element</u>	<u>Name</u>			<u>ibutes</u>
Required	NM101	98	<b>Entity Identifier C</b>	ode	M	ID 2/3
			Code identifying an individual	Code identifying an organizational entity, a physical location, property or arindividual		
			The entity identifier	The entity identifier in NM101 applies to all segments in this Loop ID-2310.		
			INDUSTRY: Entity	INDUSTRY: Entity Identifier Code		
			DN	Referring Provider		
				Use on first iteration of this loop. Use if	loop	is used only
				once.		
			P3	Primary Care Provider		
			Physician that is selected by the insured to provide medical care			
				Use only if loop is used twice. Use only	on se	econd
				iteration of this loop.		
Required	NM102	1065	<b>Entity Type Qualit</b>	-	M	<b>ID</b> 1/1
			Code qualifying the	type of entity		
			INDUSTRY: Entity	Type Qualifier		
			1	Person		
			2	Non-Person Entity		
Required	NM103	1035	Name Last or Orga	anization Name	O	AN 1/35
			Individual last name	e or organizational name		
			ALIAS: Referring I	Provider Last Name		

NSF Reference: EA0-24.0

Situatio	NM104 NM105	1036 1037	INDUSTRY: Referring Provider Last Name Name First Individual first name Required if NM102=1 (person).  ALIAS: Referring Provider First Name NSF Reference: EA0-25.0 INDUSTRY: Referring Provider First Name Name Middle Individual middle name or initial Required if NM102=1 and the middle name/initial of the per ALIAS: Referring Provider Middle Name NSF Reference: EA0-26.0	O Orson is	AN 1/25 AN 1/25 known.
Not Used	NM106	1038	INDUSTRY: Referring Provider Middle Name Name Prefix	0	AN 1/10
			Prefix to individual name		
Situatio	NM107	1039	Name Suffix Suffix to individual name	0	AN 1/10
			Required if known.		
Situatio	NM108	66	ALIAS: Referring Provider Generation  INDUSTRY: Referring Provider Name Suffix  Identification Code Qualifier  Code designating the system/method of code structure used Code (67)  Required if Employer's Identification/Social Security number National Provider Identifier is known.		
Situatio	NM109	67	INDUSTRY: Identification Code Qualifier  24 Employer's Identification Number  34 Social Security Number  XX Health Care Financing Administration Identifier  Identification Code  Code identifying a party or other code  Required if Employer's Identification/Social Security number National Provider Identifier is known.  ALIAS: Referring Provider Primary Identifier  NSF Reference: EA0-20.0	X	AN 2/80
Not Used	NM110	706	INDUSTRY: Referring Provider Identifier Entity Relationship Code	X	ID 2/2
1100 0500	LIMALIU	, 00	Code describing entity relationship	11	117 HIH
Not Used	NM111	98	Entity Identifier Code Code identifying an organizational entity, a physical location, individual		ID 2/3 perty or an

 ${f PRV}$  Referring Provider Specialty Information **Segment:** 

**Position:** 255

Loop: 2310A Optional

Level: Detail Usage: Optional Max Use:

To specify the identifying characteristics of a provider **Purpose:** 

**Syntax Notes: Semantic Notes: Comments:** 

**Notes:** The PRV segment in Loop ID-2310 applies to the entire claim unless overridden on the

service line level by the presence of a PRV segment with the same value in PRV01.

Required if required under provider-payer contract.

PRV02 qualifies PRV03.

	<b></b>	<b>-</b>	Data Element Summary		
	Ref.	Data			
<b>D</b> . 1	Des.	Element	Name		<u>ibutes</u>
Required	PRV01	1221	Provider Code	M	ID 1/3
			Code identifying the type of provider		
			INDUSTRY: Provider Code		
			RF Referring		
Required	PRV02	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
			ZZ is used to indicate the "Health Care Provider Taxonomy"	code	list
			(provider specialty code) which is available on the Washingt		
			Company web site: http://www.wpc-edi.com. This taxonomy		
			the Blue Cross Blue Shield Association and ASC X12N TG2	2 WG	15.
			INDUSTRY: Reference Identification Qualifier		
			ZZ Mutually Defined		
			Health Care Provider Taxonomy Code 1	list	
Required	PRV03	127	Reference Identification	$\mathbf{M}$	AN 1/30
			Reference information as defined for a particular Transaction	Set o	or as
			specified by the Reference Identification Qualifier		
			ALIAS: Provider Specialty Code		
			Provider Specialty Code		
			INDUSTRY: Provider Taxonomy Code		
Not Used	PRV04	156	State or Province Code	O	ID 2/2
			Code (Standard State/Province) as defined by appropriate go	vernn	nent agency
Not Used	PRV05	C035	Provider Specialty Information	O	
			To provide provider specialty information		
Not Used	C03501	1222	Provider Specialty Code	$\mathbf{M}$	AN 1/3
			Code indicating the primary specialty of the provider, as defi	ined b	y the
			receiver		•
Not Used	C03502	559	Agency Qualifier Code	0	ID 2/2
			Code identifying the agency assigning the code values		
Not Used	C03503	1073	Yes/No Condition or Response Code	O	<b>ID</b> 1/1
			Code indicating a Yes or No condition or response		
Not Used	PRV06	1223	Provider Organization Code	O	ID 3/3
			Code identifying the organizational structure of a provider		
			. J G G		

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N2 Additional Referring Provider Name Information **Segment:** 

**Position:** 260

Loop: 2310A Optional

Level: Detail **Usage:** Optional Max Use:

To specify additional names or those longer than 35 characters in length **Purpose:** 

**Syntax Notes: Semantic Notes: Comments:** 

Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names. **Notes:** 

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Referring Provider Additional Name Information	Attr M	ibutes AN 1/60
Not Used	N202	93	INDUSTRY: Referring Provider Name Additional Text Name Free-form name	0	AN 1/60

 ${f REF}$  Referring Provider Secondary Identification **Segment:** 

**Position:** 271

2310A Loop: Optional

Level: Detail **Usage:** Optional Max Use:

**Purpose:** To specify identifying information

At least one of REF02 or REF03 is required. **Syntax Notes:** 

If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:** 

**Notes:** 

REF04 contains data relating to the value cited in REF02.

Required if NM108/09 in this loop is not used or if a secondary number is necessary to identify the provider. Until the NPI is mandated for use, this REF may be required if necessary to adjudicate the claim.

# Data Flament Summary

			Data Elei	nent Summary			
	Ref.	Data					
	Des.	<u>Element</u>	Name		<u>Attributes</u>		
Required	REF01	128	Reference Identif	•	M ID 2/3		
				ne Reference Identification			
				INDUSTRY: Reference Identification Qualifier			
			0B	State License Number			
			1B	Blue Shield Provider Number			
			1C	Medicare Provider Number			
			1D	Medicaid Provider Number			
			1G	Provider UPIN Number			
			1H	<b>CHAMPUS Identification Number</b>			
			EI	Employer's Identification Number			
			G2	Provider Commercial Number			
				A unique number assigned to a provide insurer	er by a commercial		
			LU	Location Number			
			N5	Provider Plan Network Identification N	lumber		
			SY	A number assigned to identify a specific health care plan network Social Security Number	ic provider in a		
			X5	The social security number may not be Medicare. State Industrial Accident Provider Num			
Required	REF02	127	Reference Identif		X AN 1/30		
required	101 v2	12/	Reference informa specified by the R	tion as defined for a particular Transaction eference Identification Qualifier Provider Secondary IdentifiER			
			INDUSTRY: Refe	erring Provider Secondary Identifier			
Not Used	REF03	352	Description		X AN 1/80		
			A free-form descri	ption to clarify the related data elements a	and their content		
Not Used	REF04	C040	Reference Identif	ïer	O		
			To identify one or specified by the R	more reference numbers or identification eference Qualifier	numbers as		
Not Used	C04001	128	Reference Identif	ication Qualifier	M ID 2/3		
			Code qualifying th	ne Reference Identification			

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Not Used	C04002	127	Reference Identification	M	AN 1/30
	G0 4002	100	Reference information as defined for a particular Transact specified by the Reference Identification Qualifier		
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transact specified by the Reference Identification Qualifier	ion Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transact specified by the Reference Identification Qualifier	ion Set o	or as

Segment: NM1 Rendering Provider Name

**Position:** 250

Loop: 2310B Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

2 If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

**Notes:** Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required when the Rendering Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider NM1 in the 2010AA/AB loops respectively.

Used for all types of rendering providers including laboratories. The Rendering Provider is the person or company (laboratory or other facility) who rendered the care. In the case where a substitute provider (locum tenans) was used, that person should be entered here.

			Data Element Summary		
	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>	Attr	<u>ibutes</u>
Required	NM101	98	<b>Entity Identifier Code</b>	$\mathbf{M}$	ID 2/3
			Code identifying an organizational entity, a physical location,	prop	erty or an
			individual		
			The entity identifier in NM101 applies to all segments in this	Loop	D-2310.
			INDUSTRY: Entity Identifier Code		
			82 Rendering Provider		
Required	NM102	1065	<b>Entity Type Qualifier</b>	$\mathbf{M}$	<b>ID 1/1</b>
			Code qualifying the type of entity		
			INDUSTRY: Entity Type Qualifier		
			1 Person		
			2 Non-Person Entity		
Required	NM103	1035	Name Last or Organization Name	O	AN 1/35
			Individual last name or organizational name		
			ALIAS: Rendering Provider Last Name		
			NSF Reference: FB1-14.0		
			INDUSTRY: Rendering Provider Last or Organization Name		
Situatio	NM104	1036	Name First	O	AN 1/25
			Individual first name		
			Required if NM102=1 (person).		
			ALIAS: Rendering Provider First Name		
			NSF Reference: FB1-15.0		
			INDUSTRY: Rendering Provider First Name		

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Situatio	NM105	1037	Name Middle	O	AN 1/25
			Individual middle name or initial		
			Required if NM102=1 and the middle name/initial of the per-	son is	known.
			ALIAS: Rendering Provider Middle Name		
			NSF Reference: FB1-16.0		
			INDUSTRY: Rendering Provider Middle Name		
Not Used	NM106	1038	Name Prefix	O	AN 1/10
			Prefix to individual name		
Situatio	NM107	1039	Name Suffix	O	AN 1/10
			Suffix to individual name		
			Required if known.		
			-		
			ALIAS: Rendering Provider Generation		
			INDUSTRY: Rendering Provider Name Suffix		
Required	NM108	66	Identification Code Qualifier	$\mathbf{X}$	ID 1/2
			Code designating the system/method of code structure used f	or Id	entification
			Code (67)		
			FA0-57.0 crosswalk is only used in Medicare COB payer-to-	paye	r claims.
			NSF Reference: FA0-57.0		
			INDUSTRY: Identification Code Qualifier		
			24 Employer's Identification Number		
			34 Social Security Number		
			XX Health Care Financing Administration I Identifier	Vatio	nal Provider
Required	NM109	67	Identification Code	$\mathbf{X}$	AN 2/80
4			Code identifying a party or other code		
			FA0-58.0 crosswalk is only used in Medicare COB payer-to-	-paye	r claims.
			ALIAS: Rendering Provider Primary Identifier		
			NSF Reference: FA0-23.0, FA0-58.0		
			INDUSTRY: Rendering Provider Identifier		
Not Used	NM110	706	Entity Relationship Code	X	ID 2/2
			Code describing entity relationship		
Not Used	NM111	98	Entity Identifier Code	O	<b>ID 2/3</b>
			Code identifying an organizational entity, a physical location individual	, prop	perty or an

Segment:  ${\bf PRV}$  Rendering Provider Specialty Information

**Position:** 255

Loop: 2310B Optional

Level: Detail

Usage: Optional (Must Use)

Max Use:

**Purpose:** To specify the identifying characteristics of a provider

Syntax Notes: Semantic Notes: Comments:

**Notes:** The PRV segment in Loop ID-2310 applies to the entire claim unless overridden on the

service line level by the presence of a PRV segment with the same value in PRV01.

PRV02 qualifies PRV03.

			Data Element Summary				
	Ref.	Data					
	Des.	<u>Element</u>	Name		<u>ibutes</u>		
Required	PRV01	1221	Provider Code	M	ID 1/3		
			Code identifying the type of provider				
			INDUSTRY: Provider Code				
			PE Performing				
Required	PRV02	128	Reference Identification Qualifier	M	ID 2/3		
			Code qualifying the Reference Identification				
			ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com. This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.				
			INDUSTRY: Reference Identification Qualifier				
			ZZ Mutually Defined	:_4			
	DDI/02	40=	Health Care Provider Taxonomy Code		137 4 /20		
Required	PRV03	127	Reference Identification	M	AN 1/30		
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier ALIAS: Provider Specialty Code				
			NSF Reference: FA0-37.0				
Not Used	PRV04	156	INDUSTRY: Provider Taxonomy Code State or Province Code	0	ID 2/2		
Not Useu	FK V U4	150		•			
<b>N</b> 7	DD4/05	C025	Code (Standard State/Province) as defined by appropriate go		nent agency		
Not Used	PRV05	C035	Provider Specialty Information	O			
			To provide provider specialty information				
Not Used	C03501	1222	Provider Specialty Code	M	AN 1/3		
			Code indicating the primary specialty of the provider, as defi	ned b	y the		
Not Used	C02502	550	receiver	0	ID 2/2		
Not Usea	C03502	559	Agency Qualifier Code O ID 2/		ID 2/2		
<b>N</b> 7	C0250C	10=2	Code identifying the agency assigning the code values	0	TD 4/4		
Not Used	C03503	1073	Yes/No Condition or Response Code	О	ID 1/1		
			Code indicating a Yes or No condition or response				
Not Used	PRV06	1223	_	Provider Organization Code O ID 3/			
			Code identifying the organizational structure of a provider				

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N2 Additional Rendering Provider Name Information **Segment:** 

**Position:** 260

2310B Loop: Optional

Level: Detail **Usage:** Optional Max Use:

To specify additional names or those longer than 35 characters in length **Purpose:** 

**Syntax Notes: Semantic Notes: Comments:** 

Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names. **Notes:** 

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Rendering Provider Additional Name Information	Attr M	ibutes AN 1/60
Not Used	N202	93	INDUSTRY: Rendering Provider Name Additional Text Name Free-form name	0	AN 1/60

Segment:  $\operatorname{REF}$  Rendering Provider Secondary Identification

**Position:** 271

Loop: 2310B Optional

Level: Detail
Usage: Optional
Max Use: 5

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

**Notes:** 

1 REF04 contains data relating to the value cited in REF02.

Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.

	- 0		Data El	ement Summary		
Required	Ref. <u>Des.</u> REF01	Data <u>Element</u> 128	<u>Name</u> Reference Iden	tification Qualifier	<u>Attı</u> M	ributes ID 2/3
-				the Reference Identification		
			NSF Reference:	FA0-57.0		
			INDUSTRY: Reconstruction of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont	eference Identification Qualifier State License Number Blue Shield Provider Number Medicare Provider Number Medicaid Provider Number Provider UPIN Number CHAMPUS Identification Number Employer's Identification Number Provider Commercial Number		
			LU N5	A unique number assigned to a provid insurer  Location Number  Provider Plan Network Identification	·	
			SY	A number assigned to identify a speci health care plan network Social Security Number The social security number may not be	fic pro	vider in a
Dogwinod	DEEO	127	X5 Reference Iden	Medicare. State Industrial Accident Provider Nu	mber	AN 1/30
Required	REF02	127	Reference information specified by the	nation as defined for a particular Transaction Reference Identification Qualifier ing Provider Secondary Identifier	X on Set of	
Not Used	REF03	352	Description	endering Provider Secondary Identifier cription to clarify the related data elements	X and the	AN 1/80 eir content
Not Used	REF04	C040	Reference Iden	-	O	
•	G0.4004	400	specified by the	or more reference numbers or identification Reference Qualifier		
Not Used	C04001	128	Reference Iden	tification Qualifier	$\mathbf{M}$	ID 2/3

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			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier			

Segment: NM1 Purchased Service Provider Name

**Position:** 250

Loop: 2310C Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

2 If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

**Notes:** Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required if purchased services are being billed/reported on this claim. Purchased services are situations where (for example) a physician purchases a diagnostic exam from an outside entity. Purchased services do not include substitute (locum tenens) provider situations. All payer-specific identifying numbers belong to the destination payer identified in the 2010BB loop.

			Data Elem	ent Summary		
	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>		Attr	<u>ributes</u>
Required	NM101	98	<b>Entity Identifier C</b>	ode	M	ID 2/3
			Code identifying ar individual INDUSTRY: Entity	organizational entity, a physical location	, prop	perty or an
			•	Purchase Service Provider		
			QB			1.
		40.4		Entity from which medical supplies may		•
Required	NM102	1065	<b>Entity Type Quali</b>		M	<b>ID</b> 1/1
			Code qualifying the			
			INDUSTRY: Entity	Type Qualifier		
			1	Person		
			2	Non-Person Entity		
Not Used	NM103	1035	Name Last or Org	anization Name	O	AN 1/35
			Individual last nam	e or organizational name		
Not Used	NM104	1036	Name First		O	AN 1/25
			Individual first nan	ne		
Not Used	NM105	1037	Name Middle		O	AN 1/25
			Individual middle n	ame or initial		
Not Used	NM106	1038	Name Prefix		O	AN 1/10
			Prefix to individual	name		
Not Used	NM107	1039	Name Suffix		O	AN 1/10
			Suffix to individual	name		
Situatio	NM108	66	<b>Identification Cod</b>	e Qualifier	X	ID 1/2
			Code designating the Code (67)	ne system/method of code structure used f	or Ide	entification
			Required if either E National Provider I	Employer's Identification/Social Security Number dentifier is known.	Numb	er or
			INDUSTRY: Identi	fication Code Qualifier		

			24	Employer's Identification Number		
			34	Social Security Number		
			XX	Health Care Financing Administration Identifier	Natio	nal Provider
Situatio	NM109	67	<b>Identification Code</b>		$\mathbf{X}$	AN 2/80
			Code identifying a p	party or other code		
			Required if either Employer's Identification/Social Security Nur National Provider Identifier is known.			
			ALIAS: Purchased	Service Provider Primary Identifier		
			NSF Reference: FB	0-11.0		
			INDUSTRY: Purch	ased Service Provider Identifier		
Not Used	NM110	706	Entity Relationship	p Code	$\mathbf{X}$	ID 2/2
			Code describing ent	ity relationship		
Not Used	NM111	98	<b>Entity Identifier C</b>	ode	O	ID 2/3
			Code identifying an individual	organizational entity, a physical location	n, proj	perty or an

Segment:  ${f REF}$  Purchased Service Provider Secondary Identification

**Position:** 271

Loop: 2310C Optional

Level: Detail
Usage: Optional
Max Use: 5

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

**Notes:** 

es: 1 REF04 contains data relating to the value cited in REF02.

Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM108/9 in this loop.

			Data E	lement Summary		
Required	Ref. <u>Des</u> . REF01	Data Element 128	<u>Name</u> Reference Iden	ntification Qualifier	_	ributes ID 2/3
-			Code qualifying	g the Reference Identification		
				eference Identification Qualifier		
			0B	State License Number		
			1A	Blue Cross Provider Number		
			1B	Blue Shield Provider Number		
			1C	Medicare Provider Number		
			1D	Medicaid Provider Number		
			1G	Provider UPIN Number		
			1H	<b>CHAMPUS Identification Number</b>		
			EI	Employer's Identification Number		
			G2	Provider Commercial Number		
				A unique number assigned to a provide insurer	r by a	commercial
			LU	Location Number		
			N5	Provider Plan Network Identification N	iumbe	er
			SY	A number assigned to identify a specific health care plan network Social Security Number	.c pro	vider in a
			U3	The social security number may not be Medicare. Unique Supplier Identification Number		
			X5	State Industrial Accident Provider Nun		11)
Required	REF02	127	Reference Iden		X	AN 1/30
	V-		Reference information specified by the	mation as defined for a particular Transaction Reference Identification Qualifier sed Service Provider Secondary Identifier	ı Set (	
Not Used	REF03	352	Description	urchased Service Provider Secondary Identif	X	AN 1/80
				scription to clarify the related data elements a		eir content
Not Used	REF04	C040	Reference Ider		0	
			specified by the	or more reference numbers or identification Reference Qualifier		
Not Used	C04001	128	Reference Iden	tification Qualifier	M	ID 2/3
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			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	on Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	on Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	on Set o	or as

Segment: NM1 Service Facility Location

**Position:** 250

**Notes:** 

Loop: 2310D Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

2 If NM111 is present, then NM110 is required.

Semantic Notes: 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

This loop is required when the location of health care service is different than that carried in the 2010AA (Billing Provider) or 2010AB (Pay-to Provider) loops.

Required if the service was rendered in a Health Professional Shortage Area (QB or QU modifier billed) and the place of service is different than the HPSA billing address.

The purpose of this loop is to identify specifically where the service was rendered. In cases where it was rendered at the patient's home, do not use this loop. In that case, the place of service code in CLM05-1 should indicate that the service occurred in the patient's home.

			Data Elei	ment Summary		
	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>		Att	<u>ributes</u>
Required	NM101	98	<b>Entity Identifier</b>	Code	M	ID 2/3
			Code identifying a	an organizational entity, a physical location	, pro	perty or an
			individual			
			INDUSTRY: Enti	ty Identifier Code		
			77	Service Location		
				Use when other codes in this element d	o not	apply.
			FA	Facility		
			LI	Independent Lab		
				Outside laboratory which provides test providing medical services	result	s for entity
			TL	Testing Laboratory		
Required	NM102	1065	<b>Entity Type Qua</b>	lifier	$\mathbf{M}$	ID 1/1
			Code qualifying th	ne type of entity		
			INDUSTRY: Enti	ty Type Qualifier		
			2	Non-Person Entity		
Situatio	NM103	1035	Name Last or Or	ganization Name	O	AN 1/35
			Individual last nar	ne or organizational name		
			Required except w	hen service was rendered in the patient's h	ome.	
			ALIAS: Laborator	ry/Facility Name		
			NSF Reference: E	A0-39.0		
				oratory or Facility Name		
Not Used	NM104	1036	Name First		O	AN 1/25
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			Individual first name		
Not Used	NM105	1037	Name Middle	O	AN 1/25
			Individual middle name or initial		
Not Used	NM106	1038	Name Prefix	O	AN 1/10
			Prefix to individual name		
Not Used	NM107	1039	Name Suffix	O	AN 1/10
			Suffix to individual name		
Situatio	NM108	66	Identification Code Qualifier	$\mathbf{X}$	ID 1/2
			Code designating the system/method of code structure used a Code (67) Required if either Employer's Identification/Social Security		
			National Provider Identifier is known.	Numo	er or
			INDUSTRY: Identification Code Qualifier 24 Employer's Identification Number		
			34 Social Security Number		
			XX Health Care Financing Administration I Identifier	Natior	nal Provider
Situatio	NM109	67	<b>Identification Code</b>	X	AN 2/80
			Code identifying a party or other code		
			Required if either Employer's Identification/Social Security National Provider Identifier is known.	Numb	er or
			ALIAS: Laboratory/Facility Primary Identifier		
			NSF Reference: EA1-04.0, EA0-53.0		
Not Used	NM110	706	INDUSTRY: Laboratory or Facility Primary Identifier Entity Relationship Code	X	ID 2/2
			Code describing entity relationship		
Not Used	NM111	98	Entity Identifier Code	O	ID 2/3
			Code identifying an organizational entity, a physical location individual	ı, prop	erty or an

Segment: N2 Additional Service Facility Location Name Information

**Position:** 260

Loop: 2310D Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify additional names or those longer than 35 characters in length

Syntax Notes: Semantic Notes: Comments:

Notes: Required if the name in NM103 is greater than 35 characters. See example in Loop ID-

1000A Submitter, NM1 and N2 for how to handle long names.

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Laboratory/Facility Additional Name Information	Attr M	ributes AN 1/60
Not Used	N202	93	INDUSTRY: Laboratory or Facility Name Additional Text Name Free-form name	O	AN 1/60

Segment: N3 Service Facility Location Address

**Position:** 265

Loop: 2310D Optional

Level: Detail

**Usage:** Optional (Must Use)

Max Use: 1

**Purpose:** To specify the location of the named party

Syntax Notes: Semantic Notes: Comments:

**Notes:** If service facility location is in an area where there are no street addresses, enter a

description of where the service was rendered (e.g., "crossroad of State Road 34 and 45"

or "Exit near Mile marker 265 on Interstate 80".)

			Data Biement Summary		
	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>
Required	N301	166	Address Information	$\mathbf{M}$	AN 1/55
			Address information		
			ALIAS: Laboratory/Facility Address 1		
			NSF Reference: EA1-06.0		
			INDUSTRY: Laboratory or Facility Address Line		
Situatio	N302	166	Address Information	O	AN 1/55
			Address information		
			Required if a second address line exists.		
			ALIAS: Laboratory/Facility Address 2		
			NSF Reference: EA1-07.0		
			INDUSTRY: Laboratory or Facility Address Line		

Segment: N4 Service Facility Location City/State/ZIP

**Position:** 270

Loop: 2310D Optional

Level: Detail

**Usage:** Optional (Must Use)

Max Use:

Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 is required.

**Semantic Notes:** 

**Comments:** 1 A combination of either N401 through N404, or N405 and N406 may be adequate to

specify a location.

2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** If service facility location is in an area where there are no street addresses, enter the name

of the nearest town, state and zip of where the service was rendered.

	D e	D 4	Data Element Summary		
	Ref. Des.	Data Element	Name	Attı	ributes
Required	N401	19	City Name	0	AN 2/30
_			Free-form text for city name		
			ALIAS: Laboratory/Facility City		
			NSF Reference: EA1-08.0		
Required	N402	156	INDUSTRY: Laboratory or Facility City Name State or Province Code	0	ID 2/2
110401100	11102	100	Code (Standard State/Province) as defined by appropriate go	_	
			ALIAS: Laboratory/Facility State		
			NSF Reference: EA1-09.0		
Required	N403	116	INDUSTRY: Laboratory or Facility State or Province Code  Postal Code	0	ID 3/15
1	2122		Code defining international postal zone code excluding punctical code for United States) ALIAS: Laboratory/Facility Zip Code	tuatio	on and blanks
			NSF Reference: EA1-10.0		
Situatio	N404	26	INDUSTRY: Laboratory or Facility Postal Zone or ZIP Code Country Code	e <b>o</b>	ID 2/3
			Code identifying the country		
			Required if the address is out of the U.S.		
			ALIAS: Laboratory/Facility Country Code		
			INDUSTRY: Country Code		
Not Used	N405	309	Location Qualifier	X	ID 1/2
NI	N140.6	210	Code identifying type of location	•	A 31 1 /20
Not Used	N406	310	Location Identifier	0	AN 1/30
			Code which identifies a specific location		

 ${f REF}$  Service Facility Location Secondary Identification **Segment:** 

**Position:** 271

2310D Loop: Optional

Level: Detail **Usage:** Optional Max Use:

To specify identifying information **Purpose:** 

**Syntax Notes:** At least one of REF02 or REF03 is required.

If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:** 

**Notes:** 

REF04 contains data relating to the value cited in REF02.

Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.

			Data E	Element Summary		
Required	Ref. <u>Des</u> . REF01	Data Element 128	<u>Name</u> Reference Ide	ntification Qualifier	Attı M	ributes ID 2/3
•				g the Reference Identification		
			•	Reference Identification Qualifier		
			0B	State License Number		
			1A	Blue Cross Provider Number		
			1B	Blue Shield Provider Number		
			1C	Medicare Provider Number		
			1D	Medicaid Provider Number		
			1G	Provider UPIN Number		
			1H	CHAMPUS Identification Number		
			G2	Provider Commercial Number		
				A unique number assigned to a providinsurer	ler by a	commercial
			LU	Location Number		
			N5	Provider Plan Network Identification	Numbe	r
				A number assigned to identify a speci health care plan network	•	vider in a
			TJ	Federal Taxpayer's Identification Nur		
			X4	Clinical Laboratory Improvement Am		nt Number
			X5	State Industrial Accident Provider Nu		
Required	REF02	127	Reference Idea		X	AN 1/30
			specified by the	emation as defined for a particular Transaction e Reference Identification Qualifier atory/Facility Secondary Identification Num		or as
			NSF Reference	:: EA1-04.0, EA0-53.0		
Not Used	REF03	352	INDUSTRY: L <b>Description</b>	aboratory or Facility Secondary Identifier	X	AN 1/80
			A free-form de	scription to clarify the related data elements	and the	eir content
Not Used	REF04	C040	Reference Idea	ntifier	O	
				or more reference numbers or identification e Reference Qualifier	numb	ers as
Not Used	C04001	128	Reference Idea	ntification Qualifier	M	ID 2/3
			Code qualifyin	g the Reference Identification		
Not Used	C04002	127	Reference Idea	ntification	M	AN 1/30
			Reference infor	rmation as defined for a particular Transaction	on Set o	or as
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Not Used	C04003	128	specified by the Reference Identification Qualifier <b>Reference Identification Qualifier</b>	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30
Not Used	C04005	128	Reference information as defined for a particular Transactio specified by the Reference Identification Qualifier <b>Reference Identification Qualifier</b>	n Set o	or as ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transactio specified by the Reference Identification Qualifier	n Set o	or as

NM1 Supervising Provider Name **Segment:** 

**Position:** 250

2310E Loop: Optional

Level: Detail **Usage:** Optional Max Use:

**Purpose:** To supply the full name of an individual or organizational entity **Syntax Notes:** If either NM108 or NM109 is present, then the other is required.

If NM111 is present, then NM110 is required.

**Semantic Notes:** NM102 qualifies NM103.

NM110 and NM111 further define the type of entity in NM101. **Comments:** 

Information in Loop ID-2310 applies to the entire claim unless overridden on a service **Notes:** 

line by the presence of Loop ID-2420 with the same value in NM101.

Required when the rendering provider is supervised by a physician.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

	Ref.	Data	Data Element Summary		
Des.		Element	Name	Attr	<u>ibutes</u>
Required	NM101	98	<b>Entity Identifier Code</b>	M	ID 2/3
			Code identifying an organizational entity, a physical location, individual INDUSTRY: Entity Identifier Code	prop	erty or an
			DQ Supervising Physician		
Required	NM102	1065	Entity Type Qualifier	М	ID 1/1
Required	1111102	1005	Code qualifying the type of entity	141	10 1/1
			INDUSTRY: Entity Type Qualifier		
			1 Person		
Required	NM103	1035	Name Last or Organization Name	0	AN 1/35
Required	1111100	1000	Individual last name or organizational name	O	1111 1/00
			ALIAS: Supervising Provider Last Name		
			NSF Reference: EA1-18.0		
Required	NM104	1036	INDUSTRY: Supervising Provider Last Name Name First	o	AN 1/25
•			Individual first name		
			ALIAS: Supervising Provider First Name		
			NSF Reference: EA1-19.0		
Situatio	NM105	1037	INDUSTRY: Supervising Provider First Name Name Middle Individual middle name or initial	o	AN 1/25
			Required if NM102=1 and the middle name/initial of the pers	on is	known.
			ALIAS: Supervising Provider Middle Name		
			NSF Reference: EA1-20.0		
Not Used	NM106	1038	INDUSTRY: Supervising Provider Middle Name Name Prefix	o	AN 1/10

			Prefix to individual name		
Situatio	NM107	1039	Name Suffix	O	AN 1/10
			Suffix to individual name		
			Required if known.		
			ALIAS: Supervising Provider Generation		
Situatio	NM108	66	INDUSTRY: Supervising Provider Name Suffix Identification Code Qualifier	X	ID 1/2

Code designating the system/method of code structure used for Identification Code (67)

Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.

INDUSTRY: Identification Code Qualifier

24 Employer's Identification Number

34 Social Security Number

The social security number may not be used for

Medicare.

XX Health Care Financing Administration National Provider

Identifier

Situatio NM109 67 Identification Code X AN 2/80

Code identifying a party or other code

Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.

ALIAS: Supervising Provider Primary Identifier

NSF Reference: EA1-16.0

INDUSTRY: Supervising Provider Identifier

Not Used NM110 706 Entity Relationship Code X ID 2/2
Code describing entity relationship

Not Used NM111 98 Entity Identifier Code

Code identifying an organizational entity, a physical location, property or an

O ID 2/3

individual

Segment: N2 Additional Supervising Provider Name Information

**Position:** 260

Loop: 2310E Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify additional names or those longer than 35 characters in length

Syntax Notes: Semantic Notes: Comments:

Notes: Required if the name in NM103 is greater than 35 characters. See example in Loop ID-

1000A Submitter, NM1 and N2 for how to handle long names.

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Supervising Provider Additional Name Information	Attr M	ibutes AN 1/60
Not Used	N202	93	INDUSTRY: Supervising Provider Name Additional Text Name Free-form name	o	AN 1/60

 ${f REF}$  Supervising Provider Secondary Identification **Segment:** 

**Position:** 271

2310E Loop: Optional

Level: Detail Usage: Optional Max Use:

To specify identifying information **Purpose:** 

At least one of REF02 or REF03 is required. **Syntax Notes:** 

If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:** 

**Notes:** 

REF04 contains data relating to the value cited in REF02.

Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM108/9 in this loop.

			Data El	ement Summary			
	Ref. Des.	Data <u>Element</u>	<u>Name</u>		Attı	ributes	
Required	REF01	128	·	tification Qualifier	M	ID 2/3	
			Code qualifying	Code qualifying the Reference Identification			
			INDUSTRY: Re	ference Identification Qualifier			
			0B	State License Number			
			1B	Blue Shield Provider Number			
			1C	Medicare Provider Number			
			1D	Medicaid Provider Number			
			1G	Provider UPIN Number			
			1H	<b>CHAMPUS Identification Number</b>			
			EI	Employer's Identification Number			
			G2	Provider Commercial Number			
				A unique number assigned to a provide	er by a	commercial	
			LU	insurer Location Number			
			N5	Provider Plan Network Identification N	Jumbo		
			NS	A number assigned to identify a specif			
				health care plan network	ic pro	videi iii a	
			SY	Social Security Number			
				The social security number may not be	used	for	
				Medicare.			
			X5	State Industrial Accident Provider Nur			
Required	REF02	127	Reference Iden		X	AN 1/30	
				nation as defined for a particular Transactio	n Set o	or as	
				Reference Identification Qualifier sing Provider Secondary Identifier			
			Tibirio. Supervi	sing frovider secondary racinities			
			NSF Reference:	EA1-16.0			
				pervising Provider Secondary Identifier			
Not Used	REF03	352	Description		X	AN 1/80	
				cription to clarify the related data elements	and the	eir content	
Not Used	REF04	C040	Reference Iden		O		
				or more reference numbers or identification	numb	ers as	
Not Used	C04001	128		Reference Qualifier tification Qualifier	M	ID 2/3	
THUI USEU	C04001	140		the Reference Identification	171	111 413	
Not Used	C04002	127	Reference Ident		M	AN 1/30	
D927W401 (0		14/	Reference fuell	105		August 9 2001	

			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	on Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	on Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction	on Set o	or as

specified by the Reference Identification Qualifier

Segment:  ${f SBR}$  Other Subscriber Information

Position: 290

Loop: 2320 Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To record information specific to the primary insured and the insurance carrier for that

insured

**Syntax Notes:** 

**Semantic Notes:** 1 SBR02 specifies the relationship to the person insured.

- 2 SBR03 is policy or group number.
- **3** SBR04 is plan name.
- 4 SBR07 is destination payer code. A "Y" value indicates the payer is the destination payer; an "N" value indicates the payer is not the destination payer.

## **Comments:**

**Notes:** Required if other payers are known to potentially be involved in paying on this claim.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

All information contained in the 2320 Loop applies only to the payer who is identified in the 2330B Loop of this iteration of the 2320 Loop. It is specific only to that payer. If information on additional payers is needed to be carried, run the 2320 Loop again with it's respective 2330 Loops.

See Section 1.4.4 for more information on handling COB.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

	Data Element Summary								
Required	Ref. <u>Des.</u> SBR01	Data Element 1138	<u>Name</u> Payer Responsibilit	y Sequence Number Code	Attr M	ibutes ID 1/1			
			a claim	insurance carrier's level of responsibility nsibility sequence number code	for a	payment of			
			NSF Reference: DAG	0-02.0, DA1-02.0, DA2-02.0					
			•	Responsibility Sequence Number Code Primary					
			S	Secondary					
			T	Tertiary					
Required	SBR02	1069	Individual Relation	ship Code	O	ID 2/2			
			Code indicating the r	relationship between two individuals or e	ntitie	S			
			ALIAS: Individual re	elationship code					
			NSF Reference: DAG	0-17.0					
			INDUSTRY: Individ	lual Relationship Code					
			01	Spouse					
			04	Grandfather or Grandmother					
			05	Grandson or Granddaughter					
			07	Nephew or Niece					
			10	Foster Child					
			15	Ward					

			17	Stepson or Stepdaughter
			18	Self
			19	Child
				Dependent between the ages of 0 and 19; age
			20	qualifications may vary depending on policy
			20	Employee Unknown
			22	Handicapped Dependent
			23	Sponsored Dependent
			23	Dependents between the ages of 19 and 25 not attending
			24	school; age qualifications may vary depending on policy Dependent of a Minor Dependent
				A child not legally of age who has been granted adult
			•	status
			29	Significant Other
			32	Mother
			33	Father
			36	Emancipated Minor
			39	A person who has been judged by a court of competent jurisdiction to be allowed to act in his or her own interest; no adult is legally responsible for this minor; this may be declared as a result of marriage
			39	Organ Donor
			40	Individual receiving medical service in order to donate organs for a transplant Cadaver Donor
				Deceased individual donating body to be used for research or transplants
			41	Injured Plaintiff
			43	Child Where Insured Has No Financial Responsibility
				Child is covered by the insured but the insured is not the
			52	legal guardian Life Partner
			53 G8	
Situatio	SBR03	127	Reference Identifi	Other Relationship cation O AN 1/30
Situatio	SDRUS	147		ion as defined for a particular Transaction Set or as
			specified by the Re Required if the sub Number. This data	ference Identification Qualifier scriber's payer identification includes Group or Plan element is intended to carry the subscriber's Group Number, a uniquely identifies the subscriber (Subscriber ID, Loop
			ALIAS: Group or F	Policy Number
			NSF Reference: DA	A0-10.0
Situatio	SBR04	93	INDUSTRY: Insur Name	ed Group or Policy Number O AN 1/60
Situativ	DUNUT	75	Free-form name	O AN 1/00
				scriber's payer identification includes a Group or Plan
			ALIAS: Group or I	Plan Name

NSF Reference: DA0-11.0

Required

SBR05

1336

Kequii eu	SDKUS	1330	msurance Type C	oue	U	ID 1/3		
			Code identifying the type of insurance policy within a specific insurance program ALIAS: Insurance type code					
			NSF Reference: DA0-06.0					
			INDUSTRY: Insurance Type Code AP Auto Insurance Policy					
			C1	Commercial				
			CP	Medicare Conditionally Primary				
			GP	Group Policy				
			GI.	Two or more people who are part of content into an insurance contract with an company				
			HM	Health Maintenance Organization (HM	O)			
			IP	Individual Policy				
			LD	Long Term Policy				
			LT	Litigation				
			MB	Medicare Part B				
			MC Medicaid					
			Program of health care services made available to medically indigent and other needy persons, regardless of					
			age, under terms of a 1965 amendment to the U.S. Socia Security Act MI Medigap Part B					
				Health insurance policy intended to cov covered portion of expenses eligible for reimbursement which must be paid by a beneficiary for health care services and received	Med Med	icare Part B licare		
			MP	Medicare Primary				
				Medicare has the primary responsibility care services and/or supplies received b	y a c	overed		
			OT	beneficiary (a person entitled to Medica Other	re be	nems)		
			PP	Personal Payment (Cash - No Insurance	:)			
			SP	Supplemental Policy				
				An insurance policy intended to cover n charges of another insurance policy	on-co	overed		
Not Used	SBR06	1143	Coordination of E		O	ID 1/1		
			Code identifying w	whether there is a coordination of benefits				
Not Used	SBR07	1073		or Response Code	O	ID 1/1		
				Yes or No condition or response				
Not Used	SBR08	584	<b>Employment Stat</b>	_	O	ID 2/2		
			Code showing the	general employment status of an employee	e/clai	mant		
Situatio	SBR09	1032	Claim Filing Indi		O	ID 1/2		
			Code identifying t					
				nandated used of PlanID. Not used after Pl	lanID	is		
			ALIAS: Claim filin	ng indicator code				
			NSF Reference: D	A0-05.0				

INDUSTRY: Other Insured Group Name Insurance Type Code

O ID 1/3

INDUSTRY: Claim	n Filing Indicator Code
09	Self-pay
10	Central Certification
	CA0-23.0 (K), DA0-05.0 (K)
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
AM	Automobile Medical
BL	Blue Cross/Blue Shield
СН	Champus
CI	Commercial Insurance Co.
DS	Disability
HM	Health Maintenance Organization
LI	Liability
LM	Liability Medical
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
TV	Title V
VA	Veteran Administration Plan
	Refers to Veterans Affairs Plan.
WC	Workers' Compensation Health Claim
ZZ	Mutually Defined
	Unknown

Segment: CAS Claim Level Adjustments

Position: 295

Loop: 2320 Optional

Level: Detail
Usage: Optional
Max Use: 5

Purpose: T

To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

## **Syntax Notes:**

- 1 If CAS05 is present, then at least one of CAS06 or CAS07 is required.
- 2 If CAS06 is present, then CAS05 is required.
- **3** If CAS07 is present, then CAS05 is required.
- 4 If CAS08 is present, then at least one of CAS09 or CAS10 is required.
- 5 If CAS09 is present, then CAS08 is required.
- **6** If CAS10 is present, then CAS08 is required.
- 7 If CAS11 is present, then at least one of CAS12 or CAS13 is required.
- 8 If CAS12 is present, then CAS11 is required.
- 9 If CAS13 is present, then CAS11 is required.
- 10 If CAS14 is present, then at least one of CAS15 or CAS16 is required.
- 11 If CAS15 is present, then CAS14 is required.12 If CAS16 is present, then CAS14 is required.
- 13 If CAS17 is present, then at least one of CAS18 or CAS19 is required.
- 14 If CAS18 is present, then CAS17 is required.
- 15 If CAS19 is present, then CAS17 is required.

### **Semantic Notes:**

- CAS03 is the amount of adjustment.
- 2 CAS04 is the units of service being adjusted.
- 3 CAS06 is the amount of the adjustment.
- 4 CAS07 is the units of service being adjusted.
- 5 CAS09 is the amount of the adjustment.
- **6** CAS10 is the units of service being adjusted.
- 7 CAS12 is the amount of the adjustment.
- **8** CAS13 is the units of service being adjusted.
- **9** CAS15 is the amount of the adjustment.
- 10 CAS16 is the units of service being adjusted.
- 11 CAS18 is the amount of the adjustment.
- 12 CAS19 is the units of service being adjusted.

## **Comments:**

**Notes:** 

- Adjustment information is intended to help the provider balance the remittance information. Adjustment amounts should fully explain the difference between submitted charges and the amount paid.
- 2 When the submitted charges are paid in full, the value for CAS03 should be zero. Submitters should use this CAS segment to report prior payers' claim level adjustments that cause the amount paid to differ from the amount originally charged.

Only one Group Code is allowed per CAS. If it is necessary to send more than one Group Code at the claim level, repeat the CAS segment again.

Codes and associated amounts should come from 835s (Remittance Advice) received on the claim. If no previous payments have been made, omit this segment.

Required if claim has been adjudicated by payer identified in this loop and has claim level adjustment information.

To locate the claim adjustment group codes (CAS01) and claim adjustment reason codes (CAS02, 05, 08, 11, 14, and 17) see the Washington Publishing Company web site: http://www.wpc-edi.com. Follow the buttons to Code Lists - Claim Adjustment Reason Codes.

There several NSF fields which are not directly crosswalked from the 837 to NSF, particularly with respect to payer-to-payer COB situations. Below is a list of some of these NSF fields and some suggestions regarding how to handle them in the 837.

Provider Adjustment Amt (DA3-25.0). This would equal the sum of all the adjustment amounts in CAS03, 06, 09, 12, 15, and 18 at both the claim and the line level. See the 835 for how to balance the CAS adjustments against the total billed amount.

Beneficiary liability amount (FA0-53.0) This amount would equal the sum of all the adjustment amounts in CAS03, 06, 09, 12, 15, and 18 at both the claim and the line level when CAS01 = PR (patient responsibility).

Amount paid to Provider (DA1-33.0). This would be calculated through the use of the CAS codes. Please see the detail on the codes and the discussion of how to use them in the 835 implementation guide.

Balance bill limit charge (FA0-54.0). This would equal any CAS adjustment where CAS01=CO and one of the adjustment reason code elements equaled "45".

Beneficiary Adjustment Amt (DA3-26.0) Amount paid to beneficiary (DA1-30.0)). The amount paid to the beneficiary is indicated by the use of CAS code "100 - Payment made to patient/insured/responsible party."

Original Paid Amount (DA3-28.0): The original paid amount can be calculated from the original COB claim by subtracting all claim adjustments carried in the claim and line level CAS from the original billed amount.

			Data Element Summary		
	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>	Attr	<u>ributes</u>
Required	CAS01	1033	Claim Adjustment Group Code	M	ID 1/2
			Code identifying the general category of payment adjustment		
			ALIAS: Claim Adjustment Group Code		
			INDUSTRY: Claim Adjustment Group Code CO Contractual Obligations		
			CR Correction and Reversals		
			OA Other adjustments		
			PI Payor Initiated Reductions		
			PR Patient Responsibility		
Required	CAS02	1034	Claim Adjustment Reason Code	M	ID 1/5
•			Code identifying the detailed reason the adjustment was made	2	
			ALIAS: Adjustment Reason Code - Claim Level		
			NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, 14.0, DA3-16.0, DA1-16.0, DA1-30.0	DA3	3-12.0, DA3-
Required	CAS03	782	INDUSTRY: Adjustment Reason Code  Monetary Amount  Monetary amount  ALIAS: Adjusted Amount - Claim Level	M	R 1/18
			NSF Reference: DA1-09.0, DA1-10.0, DA1-11.0, DA1-12.0, 05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-15.0, 30.0, DA1-33.0, DA3-25.0, DA3-26.0		
Situatio	CAS04	380	INDUSTRY: Adjustment Amount  Quantity  Numeric value of quantity  Use as needed to show payer adjustment.	o	R 1/15
			ALIAS: Adjusted Units - Claim Level		
Situatio	CAS05	1034	INDUSTRY: Adjustment Quantity Claim Adjustment Reason Code Code identifying the detailed reason the adjustment was made	X	ID 1/5
			, o		

Use as needed to show payer adjustment.

ALIAS: Adjustment Reason Code - Claim Level

NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-

14.0, DA3-16.0, DA1-17.0, DA1-30.0

INDUSTRY: Adjustment Reason Code

Situatio CAS06 782 Monetary Amount X R 1/18

Monetary amount

Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Claim Level

NSF Reference: DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-

15.0, DA3-17.0, DA1-30.0, DA1-33.0, DA3-25.0, DA3-26.0

INDUSTRY: Adjustment Amount

Situatio CAS07 380 Quantity X R 1/15

Numeric value of quantity

Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Claim Level

INDUSTRY: Adjustment Quantity

Situatio CAS08 1034 Claim Adjustment Reason Code X ID 1/5

Code identifying the detailed reason the adjustment was made

Use as needed to show payer adjustment.

ALIAS: Adjustment Reason Code - Claim Level

NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-

14.0, DA3-16.0, DA1-30.0, DA1-18.0

INDUSTRY: Adjustment Reason Code

Situatio CAS09 782 Monetary Amount X R 1/18

Monetary amount

Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Claim Level

NSF Reference: DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-

15.0, DA3-17.0, DA1-30.0, DA1-33.0, DA3-25.0, DA3-26.0

INDUSTRY: Adjustment Amount

Situatio CAS10 380 Quantity X R 1/15

Numeric value of quantity

Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Claim Level

INDUSTRY: Adjustment Quantity

Situatio CAS11 1034 Claim Adjustment Reason Code X ID 1/5

Code identifying the detailed reason the adjustment was made

Use as needed to show payer adjustment.

ALIAS: Adjustment Reason Code - Claim Level

NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-

14.0, DA3-16.0, DA1-30.0

INDUSTRY: Adjustment Reason Code

Situatio CAS12 782 Monetary Amount X R 1/18

Monetary amount

Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Claim Level

NSF Reference: DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-

15.0, DA3-17.0, DA1-30.0, DA1-33.0, DA3-25.0, DA3-26.0

INDUSTRY: Adjustment Amount

Situatio CAS13 380 Quantity X R 1/15

Numeric value of quantity

Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Claim Level

Situatio CAS14 1034 Claim Adjustment Reason Code X ID 1/5

Code identifying the detailed reason the adjustment was made

Use as needed to show payer adjustment.

ALIAS: Adjustment Reason Code - Claim Level

NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-

14.0, DA3-16.0, DA1-30.0

INDUSTRY: Adjustment Reason Code

Situatio CAS15 782 Monetary Amount X R 1/18

Monetary amount

Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Claim Level

NSF Reference: DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-

15.0, DA3-17.0, DA1-30.0, DA1-33.0, DA3-25.0, DA3-26.0

INDUSTRY: Adjustment Amount

Situatio CAS16 380 Quantity X R 1/15

Numeric value of quantity

Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Claim Level

INDUSTRY: Adjustment Quantity

Situatio CAS17 1034 Claim Adjustment Reason Code X ID 1/5

Code identifying the detailed reason the adjustment was made

Use as needed to show payer adjustment.

ALIAS: Adjustment Reason Code - Claim Level

NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-

14.0, DA3-16.0, DA1-30.0

INDUSTRY: Adjustment Reason Code

DRAFT Situatio	CAS18	782	Monetary Amount Monetary amount Use as needed to show payer adjustment.	X	R 1/18
			ALIAS: Adjusted Amount - Claim Level  NSF Reference: DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, 15.0, DA3-17.0, DA1-30.0, DA1-33.0, DA3-25.0, DA3-26.0	_	3-13.0, DA3-
Situatio	CAS19	380	INDUSTRY: Adjustment Amount Quantity Numeric value of quantity Use as needed to show payer adjustment.	X	R 1/15
			ALIAS: Adjusted Units - Claim Level		

INDUSTRY: Adjustment Quantity

 $\textbf{Segment:} \quad \textbf{AMT} \;\; \textbf{Coordination of Benefits (COB) Payer Paid Amount}$ 

**Position:** 300

Loop: 2320 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

Notes: Required if claim has been adjudicated by payer identified in this loop. It is acceptable to

show "0" amount paid.

	Ref. Des.	Data <u>Element</u>	<u>Name</u>	Attr	<u>ributes</u>
Required	AMT01	522	Amount Qualifier Code	$\mathbf{M}$	ID 1/3
			Code to qualify amount		
			INDUSTRY: Amount Qualifier Code		
			D Payor Amount Paid		
Required	AMT02	782	Monetary Amount	M	R 1/18
			Monetary amount		
			This is a crosswalk from CLP04 in 835 when doing COB.		
		4=0	INDUSTRY: Payer Paid Amount		TD 4/4
Not Used	AMT03	478	Credit/Debit Flag Code	O	ID 1/1
			Code indicating whether amount is a credit or debit		

Segment:  $\mathbf{AMT}$  Coordination of Benefits (COB) Approved Amount

**Position:** 300

Loop: 2320 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

Notes: Used primarily in payer-to-payer COB situations by the payer who is sending this claim

to another payer. Providers (in a provider-to-payer COB situation) do not usually

complete this information but may do so if the information is available.

The approved amount equals the amount for the total claim that was approved by the

payer sending this 837 to another payer.

	Ref.	Data	·		
	Des.	<b>Element</b>	<u>Name</u>	Attr	<u>ibutes</u>
Required	AMT01	522	Amount Qualifier Code	$\mathbf{M}$	ID 1/3
			Code to qualify amount		
			INDUSTRY: Amount Qualifier Code		
			AAE Approved Amount		
Required	AMT02	782	Monetary Amount	$\mathbf{M}$	R 1/18
			Monetary amount		
			NSF Reference: DA1-37.0		
			INDUSTRY: Approved Amount		
Not Used	AMT03	478	Credit/Debit Flag Code	O	ID 1/1
			Code indicating whether amount is a credit or debit		

Segment: AMT Coordination of Benefits (COB) Allowed Amount

**Position:** 300

Loop: 2320 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

**Notes:** Used primarily in payer-to-payer COB situations by the payer who is sending this claim

to another payer. Providers (in a provider-to-payer COB situation) do not usually

complete this information but may do so if the information is available.

The allowed amount equals the amount for the total claim that was allowed by the payer sending this 837 to another payer.

Required	Ref. <u>Des.</u> AMT01	Data Element 522	Name Amount Qualifier (	Code	<u>Attı</u> M	ributes ID 1/3
_			Code to qualify amo	ount		
			INDUSTRY: Amou	nt Qualifier Code		
			B6	Allowed - Actual		
				Amount considered for payment unde the contract	r the pi	rovisions of
Required	AMT02	782	<b>Monetary Amount</b>		$\mathbf{M}$	R 1/18
			Monetary amount			
			INDUSTRY: Allow	ed Amount		
Not Used	AMT03	478	Credit/Debit Flag (	Code	O	<b>ID</b> 1/1
			Code indicating whe	ether amount is a credit or debit		

 $\textbf{Segment:} \quad \textbf{AMT} \;\; \textbf{Coordination of Benefits (COB) Patient Responsibility Amount}$ 

**Position:** 300

Loop: 2320 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

**Notes:** Required if patient is responsible for payment according to another payer's adjudication.

This is the amount of money which is the responsibility of the patient according to the

payer identified in this loop (2330B NM1).

	Ref.	Data	·		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>
Required	AMT01	522	Amount Qualifier Code	M	ID 1/3
			Code to qualify amount		
			INDUSTRY: Amount Qualifier Code		
			F2 Patient Responsibility - Actual		
			Calculated value one receiving m	edical care i	s obliged to
			pay		
Required	AMT02	782	Monetary Amount	M	R 1/18
			Monetary amount		
			This is a crosswalk from CLP05 in 835 when doing CO	OB.	
Not Used	AMT03	478	INDUSTRY: Other Payer Patient Responsibility Amor Credit/Debit Flag Code	unt <b>O</b>	ID 1/1
			Code indicating whether amount is a credit or debit		

Segment:  $\mathbf{AMT}$  Coordination of Benefits (COB) Covered Amount

**Position:** 300

Loop: 2320 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

**Notes:** Used primarily in payer-to-payer COB situations by the payer who is sending this claim

to another payer. Providers (in a provider-to-payer COB situation) do not usually

complete this information but may do so if the information is available.

The covered amount equals the amount for the total claim that was covered by the payer sending this 837 to another payer.

	Ref. <u>Des.</u>	Data Element	Name	Attributes
Required	AMT01	522	Amount Qualifier Code	M ID 1/3
			Code to qualify amount	
			INDUSTRY: Amount Qualifier G	Code
			AU Coverage A	mount
			The dollar a specific poli	amount of property coverage provided by a cicy contract
Required	AMT02	782	Monetary Amount	M R 1/18
			Monetary amount	
			This is a crosswalk from AMT in = AU.	a 835 (Loop CLP, position 062) when AMT01
Not Used	AMT03	478	INDUSTRY: Other Payer Covered Credit/Debit Flag Code	ed Amount O ID 1/1
			Code indicating whether amount	is a credit or debit

Segment: AMT Coordination of Benefits (COB) Discount Amount

**Position:** 300

Loop: 2320 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

**Notes:** Required if claim has been adjudicated by the payer identified in this loop and if this

information was included in the remittance advice reporting those adjudication results.

**Data Element Summary** 

Ref. Data Des. **Element Name Attributes** Required AMT01 **Amount Qualifier Code** 522 M ID 1/3 Code to qualify amount INDUSTRY: Amount Qualifier Code D8 Discount Amount A reduction from the usual price Required AMT02 782 **Monetary Amount** M R 1/18 Monetary amount This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = D8. INDUSTRY: Other Payer Discount Amount Not Used AMT03 478 O ID 1/1 Credit/Debit Flag Code Code indicating whether amount is a credit or debit

**Position:** 300

Loop: 2320 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

**Notes:** Required if claim has been adjudicated by the payer identified in this loop and if this

information was included in the remittance advice reporting those adjudication results.

	Ref. <u>Des.</u>	Data <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	AMT01	522	Amount Qualifier Code	M ID 1/3
			Code to qualify amount	
			INDUSTRY: Amount Qualifier Code	
			DY Per Day Limit	
Required	AMT02	782	Monetary Amount	M R 1/18
			Monetary amount	
			This is a crosswalk from AMT in 835 (Loop CLP, p = DY.	position 062) when AMT01
Not Used	AMT03	478	INDUSTRY: Other Payer Per Day Limit Amount Credit/Debit Flag Code	O ID 1/1
			Code indicating whether amount is a credit or debit	

Segment:  ${\bf AMT}$  Coordination of Benefits (COB) Patient Paid Amount

**Position:** 300

Loop: 2320 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

**Notes:** Required if claim has been adjudicated by the payer identified in this loop and if this

information was included in the remittance advice reporting those adjudication results.

The amount carried in this segment is the total amount of money paid by the payer to the patient (rather than to the provider) on this claim.

	Ref.	Data		
	<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	AMT01	522	<b>Amount Qualifier Code</b>	M ID 1/3
			Code to qualify amount	
			INDUSTRY: Amount Qualifier Code	
			F5 Patient Amount Paid	
			Monetary amount value medical care	already paid by one receiving
Required	AMT02	782	Monetary Amount	M R 1/18
			Monetary amount	
			This is a crosswalk from AMT in 835 (Loop 6 = F5.	CLP, position 062) when AMT01
Not Used	AMT03	478	INDUSTRY: Other Payer Patient Paid Amoun Credit/Debit Flag Code	O ID 1/1
			Code indicating whether amount is a credit or	debit

Segment: AMT Coordination of Benefits (COB) Tax Amount

**Position:** 300

Loop: 2320 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

**Notes:** Required if claim has been adjudicated by the payer identified in this loop and if this

information was included in the remittance advice reporting those adjudication results.

	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>	Attr	<u>ibutes</u>
Required	AMT01	522	Amount Qualifier Code	M	ID 1/3
			Code to qualify amount		
			INDUSTRY: Amount Qualifier Code		
			T Tax		
Required	AMT02	782	Monetary Amount	$\mathbf{M}$	R 1/18
			Monetary amount		
			This is a crosswalk from AMT in 835 (Loop CLP, position $0 = T$ .	62) w	hen AMT01
Not Used	AMT03	478	INDUSTRY: Other Payer Tax Amount Credit/Debit Flag Code	o	ID 1/1
			Code indicating whether amount is a credit or debit		

 $Segment: \quad AMT \ \ Coordination \ of \ Benefits \ (COB) \ Total \ Claim \ Before \ Taxes \ Amount$ 

**Position:** 300

Loop: 2320 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

**Notes:** Required if claim has been adjudicated by the payer identified in this loop and if this

information was included in the remittance advice reporting those adjudication results.

	Ref. Des.	Data Element	Name	Attributes
Required	<u>DCS.</u> AMT01	522	Amount Qualifier Code	M ID 1/3
			Code to qualify amount	
			INDUSTRY: Amount Qualifier Code	
			T2 Total Claim Before Taxes	
			The total monies requested for a staxes were included	ingle claim before any
Required	AMT02	782	Monetary Amount	M R 1/18
			Monetary amount	
			This is a crosswalk from AMT in 835 (Loop CLP, posi = $T2$ .	tion 062) when AMT01
Not Used	AMT03	478	INDUSTRY: Other Payer Pre-Tax Claim Total Amoun Credit/Debit Flag Code	t O ID 1/1
			Code indicating whether amount is a credit or debit	

Segment:  $\mathbf{DMG}$  Subscriber Demographic Information

**Position:** 305

Loop: 2320 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To supply demographic information

**Syntax Notes:** 1 If either DMG01 or DMG02 is present, then the other is required.

**Semantic Notes:** 1 DMG02 is the date of birth.

2 DMG07 is the country of citizenship.

3 DMG09 is the age in years.

**Comments:** 

**Notes:** Required when 2330A NM102 = 1 (person).

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

			Data Element Summary		
	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>	Attı	<u>ributes</u>
Required	DMG01	1250	Date Time Period Format Qualifier	X	ID 2/3
			Code indicating the date format, time format, or date and time	e forr	nat
			INDUSTRY: Date Time Period Format Qualifier		
			D8 Date Expressed in Format CCYYMMD	D	
Required	DMG02	1251	Date Time Period	$\mathbf{X}$	AN 1/35
			Expression of a date, a time, or range of dates, times or dates	and	times
			ALIAS: Date of Birth - Subscriber		
			NSF Reference: DA0-24.0		
			INDUSTRY: Other Insured Birth Date		
Required	DMG03	1068	Gender Code	О	<b>ID</b> 1/1
			Code indicating the sex of the individual		
			ALIAS: Gender - Subscriber		
			NSF Reference: DA0-23.0		
			INDUSTRY: Other Insured Gender Code		
			F Female		
			M Male		
			U Unknown		
Not Used	DMG04	1067	Marital Status Code	0	<b>ID</b> 1/1
			Code defining the marital status of a person		
Not Used	DMG05	1109	Race or Ethnicity Code	O	<b>ID</b> 1/1
			Code indicating the racial or ethnic background of a person; reported; Under certain circumstances this information is coll		
			States Government statistical purposes		
Not Used	DMG06	1066	Citizenship Status Code	O	ID 1/2
			Code indicating citizenship status		
Not Used	DMG07	26	Country Code	O	ID 2/3
			Code identifying the country		
Not Used	DMG08	659	Basis of Verification Code	O	ID 1/2
			Code indicating the basis of verification		
Not Used	DMG09	380	Quantity	0	R 1/15
			Numeric value of quantity		
D02577401 (0	0.401037000		216		

Segment: OI Other Insurance Coverage Information

**Position:** 310

Loop: 2320 Optional

Level: Detail

**Usage:** Optional (Must Use)

Max Use:

**Purpose:** To specify information associated with other health insurance coverage

Syntax Notes: Semantic Notes:

OI03 is the assignment of benefits indicator. A "Y" value indicates insured or authorized person authorizes benefits to be assigned to the provider; an "N" value

indicates benefits have not been assigned to the provider.

**Comments:** 

**Notes:** All information contained in the OI segment applies only to the payer who is identified in

the 2330B loop of this iteration of the 2320 loop. It is specific only to that payer.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling

COB in the 837.

#### **Data Element Summary**

	Ref.	Data	Data Exement Summary		
	Des.	<b>Element</b>	<u>Name</u>	Attı	<u>ibutes</u>
Not Used	OI01	1032	Claim Filing Indicator Code	O	ID 1/2
			Code identifying type of claim		
Not Used	OI02	1383	Claim Submission Reason Code	O	ID 2/2
			Code identifying reason for claim submission		
Required	OI03	1073	Yes/No Condition or Response Code	O	<b>ID 1/1</b>
			Code indicating a Yes or No condition or response		
			This is a crosswalk from CLM08 when doing COB.		
			ALIAS: Assignment of Benefits Indicator		
			NSF Reference: DA0-15.0		
			INDUSTRY: Benefits Assignment Certification Indicator N No		
			Y Yes		
Situatio	OI04	1351	Patient Signature Source Code	O	ID 1/1

Code indicating how the patient or subscriber authorization signatures were obtained and how they are being retained by the provider Required except in cases where "N" is used in OI06.

This is a crosswalk from CLM10 when doing COB.

ALIAS: Patient Signature Source Code

NSF Reference: DA0-16.0

INDUSTRY: Patient Signature Source Code

В	Signed signature authorization form or forms for both
	HCFA-1500 Claim Form block 12 and block 13 are on
	file
C	Signed HCFA-1500 Claim Form on file
M	Signed signature authorization form for HCFA-1500
	Claim Form block 13 on file
P	Signature generated by provider because the patient was
	not physically present for services
S	Signed signature authorization form for HCFA-1500

Claim	Form	block	- 12	on file
V Janu	1 'OI III	DIOUR	. 1 /.	OH THE

Not Used	OI05	1360	Provider Agreement Code		<b>ID</b> 1/1		
			Code indicating the type of agreement under which the provi	der is	submitting		
Required	OI06	1363	Release of Information Code	O	<b>ID</b> 1/1		
			Code indicating whether the provider has on file a signed statement by patient authorizing the release of medical data to other organizations. This is a crosswalk from CLM09 when doing COB.				

ALIAS: Release of Information Code

# INDUSTRY: Release of Information Code

A	Appropriate Release of Information on File at Health
	Care Service Provider or at Utilization Review
	Organization
I	Informed Consent to Release Medical Information for
	Conditions or Diagnoses Regulated by Federal Statutes
M	The Provider has Limited or Restricted Ability to Release
	Data Related to a Claim
N	No, Provider is Not Allowed to Release Data
O	On file at Payor or at Plan Sponsor
Y	Yes, Provider has a Signed Statement Permitting Release
	of Medical Billing Data Related to a Claim

Segment: MOA Medicare Outpatient Adjudication Information

Position: 320

Loop: 2320 Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To convey claim-level data related to the adjudication of Medicare claims not related to

an inpatient setting

**Syntax Notes:** 

**Semantic Notes:** 1 MOA01 is the reimbursement rate.

2 MOA02 is the claim Health Care Financing Administration Common Procedural Coding System (HCPCS) payable amount.

3 MOA03 is the Claim Payment Remark Code. See Code Source 411.

4 MOA04 is the Claim Payment Remark Code. See Code Source 411.

MOA05 is the Claim Payment Remark Code. See Code Source 411.

6 MOA06 is the Claim Payment Remark Code. See Code Source 411.

MOA07 is the Claim Payment Remark Code. See Code Source 411.

8 MOA08 is the End Stage Renal Disease (ESRD) payment amount.

9 MOA09 is the professional component amount billed but not payable.

**Comments:** 

**Notes:** Required if returned in the electronic remittance advice (835).

			Data Element Summary		
Situatio	Percentage expressed as a decimal		Percent	O	ributes R 1/10
Situatio	MOA02	782	ALIAS: Outpatient Reimbursement Rate  INDUSTRY: Reimbursement Rate  Monetary Amount  Monetary amount  Required if returned in the electronic remittance advice (835)  ALIAS: HCPCS Payable Amount	<b>O</b>	R 1/18
Situatio	MOA03	127	INDUSTRY: HCPCS Payable Amount Reference Identification Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier Required if returned in the electronic remittance advice (835)		<b>AN 1/30</b> or as
Situatio	MOA04	127	ALIAS: Remarks Code  NSF Reference: DA3-18.0, DA3-19.0, DA3-20.0, DA3-21.  INDUSTRY: Remark Code  Reference Identification  Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier Required if returned in the electronic remittance advice (83)  ALIAS: Remarks Code		AN 1/30

NSF Reference: DA3-18.0, DA3-19.0, DA3-20.0, DA3-21.0, DA3-22.0

Situatio	MOA05	127	INDUSTRY: Remark Code Reference Identification O AN 1/30 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Required if returned in the electronic remittance advice (835).  ALIAS: Remarks Code  NSF Reference: DA3-18.0, DA3-19.0, DA3-20.0, DA3-21.0, DA3-22.0
Situatio	MOA06	127	INDUSTRY: Remark Code Reference Identification O AN 1/30 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Required if returned in the electronic remittance advice (835).
			ALIAS: Remarks Code  NSF Reference: DA3-18.0, DA3-19.0, DA3-20.0, DA3-21.0, DA3-22.0
Situatio	MOA07	127	INDUSTRY: Remark Code  Reference Identification  O AN 1/30
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Required if returned in the electronic remittance advice (835).  ALIAS: Remarks Code  NSF Reference: DA3-18.0, DA3-19.0, DA3-20.0, DA3-21.0, DA3-22.0
Situatio	MOA08	782	INDUSTRY: Remark Code  Monetary Amount  Monetary amount  Required if returned in the electronic remittance advice (835).
			ALIAS: ESRD Paid Amount
Situatio	MOA09	782	INDUSTRY: End Stage Renal Disease Payment Amount  Monetary Amount  Monetary amount  Required if returned in the electronic remittance advice (835).  ALIAS: Professional Component
			INDUSTRY: Non-Payable Professional Component Billed Amount

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Segment: NM1 Other Subscriber Name

**Position:** 325

**Loop:** 2330A Optional (Must Use)

Level: Detail

**Usage:** Optional (Must Use)

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

Notes: Submitters are required to send information on all known other subscribers in Loop ID-

2330.

This 2330 loop is required when Loop ID-2320 - Other Subscriber Information is used.

Otherwise, this loop is not used.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling

COB in the 837.

	Ref.	Data	<b>Data Element Summary</b>		
	Des.	Element	Name	Attr	ibutes
Required	NM101	98	Entity Identifier Code	M ID 2/3	
•			Code identifying an organizational entity, a physical location,	prop	erty or an
			individual		·
			INDUSTRY: Entity Identifier Code		
			IL Insured or Subscriber		
Required	NM102	1065	Entity Type Qualifier	M	<b>ID</b> 1/1
			Code qualifying the type of entity		
			INDUSTRY: Entity Type Qualifier		
			1 Person		
			2 Non-Person Entity		
Required	NM103	1035	Name Last or Organization Name	O	AN 1/35
			Individual last name or organizational name		
			ALIAS: Subscriber Last Name		
			NSF Reference: DA0-19.0		
			INDUSTRY: Other Insured Last Name		
Situatio	NM104	1036	Name First	O	AN 1/25
			Individual first name		
			Required if NM102=1 (person).		
			ALIAS: Subscriber First Name		
			NSF Reference: DA0-20.0		
			INDUSTRY: Other Insured First Name		
Situatio	NM105	1037	Name Middle	O	AN 1/25
			Individual middle name or initial		
			Required if NM102=1 and the middle name/initial of the pers	on is	known.
			ALIAS: Subscriber Middle Name		
			NGE D 6 D 10 21 0		

NSF Reference: DA0-21.0

DRAFT			INDUCTOV. Other	Insured Middle Name		
Not Used	NM106	1038	Name Prefix	msured winddie Name	0	AN 1/10
			Prefix to individual	name		
Situatio	NM107	1039	Name Suffix		O	AN 1/10
			Suffix to individual	name		
			Required if known.			
			Examples: I, II, III,	IV, Jr, Sr		
			ALIAS: Subscriber	Generation		
			NSF Reference: DA	A0-22.0		
Required	NM108	66	INDUSTRY: Other Identification Cod	Insured Name Suffix	X	ID 1/2
Required	14111100	00		ne system/method of code structure used f		
			Code (67)	ie system/method of code structure used i	or ru	emmeumon
			INDUSTRY: Identi	fication Code Qualifier		
			MI	Member Identification Number		
				The code MI is intended to be the subscidentification number as assigned by the use different terminology to convey the	e paye	er. Payers
				Therefore the 837 Professional Workgrousing MI - Member Identification Num	oup re	ecommends
				following terms: Insured's ID, Subscrib		
				Insurance Claim Number (HIC), etc.		
			ZZ	Mutually Defined	_	
				The value 'ZZ', when used in this data edefined as "HIPAA Individual Identifie		
				identifier has been adopted. Under the I		
				Portability and Accountability Act of 19	996, t	he Secretary
				of the Department of Health and Human adopt a standard individual identifier for transaction.		
Required	NM109	67	Identification Code		X	AN 2/80
•			Code identifying a	party or other code		
			ALIAS: Other Subs	criber Primary Identifier		
			NSF Reference: DA	A0-18.0		
NI. 4 FI I	NIN #440	<b>F</b> O.C	INDUSTRY: Other		<b>\$</b> 7	ID 2/2
Not Used	NM110	706	Entity Relationship		X	ID 2/2
Not Used	NM111	98	Code describing entered Entity Identifier C	•	0	ID 2/3
1101 OSEU	14141111	70	•	oue organizational entity, a physical location		
			individual	organizational entity, a physical location	, proj	orty of all

Segment: N2 Additional Other Subscriber Name Information

**Position:** 330

**Loop:** 2330A Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify additional names or those longer than 35 characters in length

Syntax Notes: Semantic Notes: Comments:

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-

1000A Submitter, NM1 and N2 for how to handle long names.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling

COB in the 837.

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Subscriber Additional Name Information	<u>Attı</u> M	ributes AN 1/60
Not Used	N202	93	INDUSTRY: Other Insured Additional Name Name Free-form name	o	AN 1/60

Segment: N3 Other Subscriber Address

**Position:** 332

**Loop:** 2330A Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify the location of the named party

Syntax Notes: Semantic Notes:

**Comments:** 

**Notes:** Required when information is available.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling

COB in the 837.

**Data Element Summary** 

Address information

ALIAS: Subscriber Address 1

NSF Reference: DA2-04.0

INDUSTRY: Other Insured Address Line

Situatio N302 166 Address Information O AN 1/55

Address information

Required if a second address line exists.

ALIAS: Subscriber Address 2

NSF Reference: DA2-05.0

INDUSTRY: Other Insured Address Line

Segment: N4 Other Subscriber City/State/ZIP Code

**Position:** 340

**Loop:** 2330A Optional (Must Use)

Level: Detail
Usage: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 is required.

**Semantic Notes:** 

Comments: 1 A combination of either N401 through N404, or N405 and N406 may be adequate to

specify a location.

2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** Required when information is available.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

	Ref.	Data	Data Element Summary		
0:44:	Des.	Element	Name Cita Nama		ibutes
Situatio	N401	19	City Name Free-form text for city name	O	AN 2/30
			Required when information is available.		
			•		
			ALIAS: Subscriber City Name		
			NSF Reference: DA2-06.0		
G1	27.40.4	4 = 2	INDUSTRY: Other Insured City Name	_	TD 4/4
Situatio	N402	156	State or Province Code	O	ID 2/2
			Code (Standard State/Province) as defined by appropriate government when information is available.	√ernm	ient agency
			required with information is available.		
			ALIAS: Subscriber State Code		
			NSF Reference: DA2-07.0		
			INDUSTRY: Other Insured State Code		
Situatio	N403	116	Postal Code	0	ID 3/15
			Code defining international postal zone code excluding punct (zip code for United States)	uatio	n and blanks
			Required when information is available.		
			ALIAS: Subscriber Zip Code		
			NSF Reference: DA2-08.0		
			INDUSTRY: Other Insured Postal Zone or ZIP Code		
Situatio	N404	26	Country Code	O	ID 2/3
			Code identifying the country		
			Required if the address is out of the U.S.		
			ALIAS: Subscriber Country Code		
			INDUSTRY: Country Code		
Not Used	N405	309	Location Qualifier	X	ID 1/2
			Code identifying type of location		

Not Used N406 310 Location Identifier O AN 1/30

Code which identifies a specific location

Segment:  ${f REF}$  Other Subscriber Secondary Identification

**Position:** 355

**Loop:** 2330A Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 3

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

otes: 1 REF04 contains data relating to the value cited in REF02.

**Notes:** Required if additional identification numbers are necessary to adjudicate the

claim/encounter.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling

COB in the 837.

			Data 1	Element Summary		
	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>			<u>ributes</u>
Required	REF01	128		entification Qualifier	M	ID 2/3
			• •	ng the Reference Identification		
			INDUSTRY: I	Reference Identification Qualifier		
			1 W	Member Identification Number		
			22	Unique identification number assigned under a subscriber's contract	d to ead	ch member
			23	Client Number		1 10 1
			IG	This code is intended to be used only to the Indian Health Service/Contract (IHC/CHS) Fiscal Intermediary for the reporting the Health Record Number. Insurance Policy Number	Health	Services
			SY	Social Security Number		
				The social security number may not be	used	for
				Medicare.		
Required	REF02	127	Reference Ide	entification	X	AN 1/30
			specified by the ALIAS: Other	rmation as defined for a particular Transaction Reference Identification Qualifier Subscriber Secondary Identification	n Set (	or as
Not Used	REF03	352	Description	Other Insured Additional Identifier	X	AN 1/80
Not Oseu	KEFUS	332	-	escription to clarify the related data elements		
Not Used	REF04	C040	Reference Ide	· ·	and the O	on content
Not Oseu	KEFU4	C040			•	
				e or more reference numbers or identification the Reference Qualifier	Hullio	ers as
Not Used	C04001	128		entification Qualifier	M	ID 2/3
				ng the Reference Identification		
Not Used	C04002	127	Reference Ide	-	M	AN 1/30
2.00			Reference info	ormation as defined for a particular Transaction Reference Identification Qualifier	n Set o	
Not Used	C04003	128		entification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifyir	ng the Reference Identification		
Not Used	C04004	127	Reference Ide	_	X	AN 1/30
			Reference info	ormation as defined for a particular Transaction	n Set o	or as
D0271401 (0	0.401.037.000			227		

Not Used	C04005	128	specified by the Reference Identification Qualifier  Reference Identification Qualifier	X	ID 2/3	
			Code qualifying the Reference Identification			
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30	
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier			

Segment: NM1 Other Payer Name

**Position:** 325

**Loop:** 2330B Optional (Must Use)

Level: Detail

**Usage:** Optional (Must Use)

Max Use:

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

2 If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

Notes: Submitters are required to send all known information on other payers in this Loop ID-

2330.

This 2330 loop is required when Loop ID-2320 - Other Subscriber Information is used.

Otherwise, this loop is not used.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling

COB in the 837.

Ref. Data <u>Des. Element Name</u> <u>Attribu</u>	-4
Des Flement Name Attribu	_4
Required NM101 98 Entity Identifier Code M II	D 2/3
Code identifying an organizational entity, a physical location, propert	ty or an
individual	
INDUSTRY: Entity Identifier Code	
PR Payer	
Required NM102 1065 Entity Type Qualifier M II	D 1/1
Code qualifying the type of entity	
INDUSTRY: Entity Type Qualifier	
2 Non-Person Entity	
Required NM103 1035 Name Last or Organization Name O A	N 1/35
Individual last name or organizational name	
ALIAS: Payer Name	
·	
NSF Reference: DA0-09.0	
INDUSTRY: Other Payer Last or Organization Name	
· · · · · · · · · · · · · · · · · · ·	N 1/25
Individual first name	
Not Used NM105 1037 Name Middle O A	N 1/25
Individual middle name or initial	
Not Used NM106 1038 Name Prefix O A	N 1/10
Prefix to individual name	
	N 1/10
Suffix to individual name	
	D 1/2
Code designating the system/method of code structure used for Identification.	
Code (67)	incation
INDUSTRY: Identification Code Qualifier	
PI Payor Identification	
XV Health Care Financing Administration National	Paver
Identification Number (PAYERID)	ı uyoı
	N 2/80

Code identifying a party or other code

This number must be identical to SVD01 (Loop ID-2430) for COB.

ALIAS: Other Payer Primary Identification Number

NSF Reference: DA0-07.0

INDUSTRY: Other Payer Primary Identifier

Not Used NM110 706 Entity Relationship Code X ID 2/2

Code describing entity relationship

Not Used NM111 98 Entity Identifier Code O ID 2/3

Code identifying an organizational entity, a physical location, property or an

individual

Segment: N2 Additional Other Payer Name Information

**Position:** 330

**Loop:** 2330B Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify additional names or those longer than 35 characters in length

Syntax Notes: Semantic Notes: Comments:

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-

1000A Submitter, NM1 and N2 for how to handle long names.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling

COB in the 837.

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Payer Additional Name Information	Attr M	ributes AN 1/60
Not Used	N202	93	INDUSTRY: Other Payer Additional Name Text Name Free-form name	o	AN 1/60

Segment: PER Other Payer Contact Information

**Position:** 345

**Loop:** 2330B Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 2

**Purpose:** To identify a p

To identify a person or office to whom administrative communications should be directed

**Syntax Notes:** 1 If either PER03 or PER04 is present, then the other is required.

- 2 If either PER05 or PER06 is present, then the other is required.
- 3 If either PER07 or PER08 is present, then the other is required.

# **Semantic Notes: Comments:**

Notes:

This segment is used only in payer-to-payer COB situations. This segment may be completed by a payer who has adjudicated the claim and is passing it on to a secondary payer. It is not completed by submitting providers.

When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g., (534) 224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.

There are 2 repetitions of the PER segment to allow for six possible combination of communication numbers including extensions.

			Data Eleli	ient Summary		
	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>		Attr	<u>ibutes</u>
Required	PER01	366	<b>Contact Function</b>	Code	$\mathbf{M}$	ID 2/2
			Code identifying th	e major duty or responsibility of the person	n or	group named
			INDUSTRY: Conta			
			IC	Information Contact		
Required	PER02	93	Name		O	AN 1/60
			Free-form name			
			INDUSTRY: Other	Payer Contact Name		
Required	PER03	365	Communication N	umber Qualifier	$\mathbf{X}$	ID 2/2
			Code identifying th	e type of communication number		
			INDUSTRY: Com	nunication Number Qualifier		
			ED	Electronic Data Interchange Access Nur	mber	
			EM	Electronic Mail		
			FX	Facsimile		
			TE	Telephone		
Required	PER04	364	Communication N	lumber	$\mathbf{X}$	AN 1/80
			•	ications number including country or area	code	when
			applicable	NT 1		
G*4 4*	DED05	265		nunication Number	<b>T</b> 7	ID 2/2
Situatio	PER05	365	Communication N		X	ID 2/2
				te type of communication number		
			Used at the discreti	on of the submitter.		
			INDUSTRY: Comi	nunication Number Qualifier		
			ED	Electronic Data Interchange Access Nur	mber	
			EM	Electronic Mail		

EX Telephone Extension FX Facsimile TE Telephone Situatio PER06 364 X AN 1/80 **Communication Number** Complete communications number including country or area code when applicable Used at the discretion of the submitter. INDUSTRY: Communication Number Situatio PER07 365 **Communication Number Qualifier** X ID 2/2 Code identifying the type of communication number Used at the discretion of the submitter. INDUSTRY: Communication Number Qualifier ED Electronic Data Interchange Access Number EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone Situatio PER08 364 **Communication Number** AN 1/80 Complete communications number including country or area code when applicable Used at the discretion of the submitter. **INDUSTRY: Communication Number** Not Used PER09 443 **Contact Inquiry Reference** O AN 1/20 Additional reference number or description to clarify a contact number

Segment: DTP Claim Adjudication Date

**Position:** 350

**Loop:** 2330B Optional (Must Use)

Level: Detail
Usage: Optional

Max Use: 1

Purpose: To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** This segment is required when the payer identified in this iteration of the 2330 loop has

previously adjudicated the claim and Loop-ID 2430 (Line Adjudication Information) is

not used.

**Data Element Summary** 

Required	Ref. <u>Des.</u> DTP01	Data Element 374	<u>Name</u> Date/Time Qualifier	<u>Attı</u> M	ributes ID 3/3		
			Code specifying type of date or time, or both date and time	е			
			INDUSTRY: Date Time Qualifier				
			Date Claim Paid				
Required	DTP02	1250	Date Time Period Format Qualifier	M	ID 2/3		
			Code indicating the date format, time format, or date and t	ime forr	nat		
			INDUSTRY: Date Time Period Format Qualifier				
			D8 Date Expressed in Format CCYYMN	1DD			
Required	DTP03	1251	Date Time Period	$\mathbf{M}$	AN 1/35		
			Expression of a date, a time, or range of dates, times or dates and times				

NSF Reference: DA1-27.0

INDUSTRY: Adjudication or Payment Date

Segment: **REF** Other Payer Secondary Identifier

**Position:** 355

**Loop:** 2330B Optional (Must Use)

Level: Detail
Usage: Optional

Max Use: 2

**Notes:** 

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

1 REF04 contains data relating to the value cited in REF02.

Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.

Used when it is necessary to identify the 'other' payer's claim number in a payer-to-payer COB situation (use code F8). Code F8 is not used by providers.

There can only be a maximum of three REF segments in any one iteration of the 2330 loop.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

			Data Elem	ent Summary		
	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>			<u>ributes</u>
Required	REF01	128	Reference Identifie	cation Qualifier	M	ID 2/3
			Code qualifying the	Reference Identification		
			INDUSTRY: Refer	ence Identification Qualifier		
			2U	Payer Identification Number		
			F8	Original Reference Number		
				Use to indicate the payer's claim number the payer identified in this iteration of the		
			FY	Claim Office Number		
				The identification of the specific payer's designated as responsible for the submi	tted c	laim
			NF	National Association of Insurance Com (NAIC) Code		
			m.	A unique number assigned to each insur		company
			TJ	Federal Taxpayer's Identification Numb		
Required	REF02	127	Reference Identific		X	AN 1/30
				ion as defined for a particular Transaction ference Identification Qualifier	Set o	or as
			The DA3-29.0 cross	swalk is only used in payer-to-payer COI	3 situ	ations.
			NSF Reference: DA	A3-29.0		
Not Used	REF03	352	INDUSTRY: Other <b>Description</b>	Payer Secondary Identifier	X	AN 1/80
			A free-form descrip	tion to clarify the related data elements a	nd the	eir content
Not Used	REF04	C040	Reference Identific		O	
			To identify one or r specified by the Ref	nore reference numbers or identification reference Qualifier	numbe	ers as
Not Used	C04001	128	Reference Identific		M	ID 2/3
			Code qualifying the	e Reference Identification		

DRAFT					
Not Used	C04002	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	n Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	n Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	n Set o	or as

Segment:  $\operatorname{REF}$  Other Payer Prior Authorization or Referral Number

**Position:** 355

**Loop:** 2330B Optional (Must Use)

Level: Detail
Usage: Optional

Max Use: 2

**Notes:** 

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

1 REF04 contains data relating to the value cited in REF02.

Used when the payer identified in this loop has given a prior authorization or referral number to this claim. This element is primarily used in payer-to-payer COB situations.

There can only be a maximum of three REF segments in any one iteration of the 2330 loop.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

			Data Eleme	nt Summary			
	Ref.	Data					
	Des.	Element 120	Name Name			ributes	
Required	REF01	128	Reference Identifica		M	ID 2/3	
				Reference Identification			
			INDUSTRY: Referen	nce Identification Qualifier			
			9F	Referral Number			
			G1	Prior Authorization Number			
				An authorization number acquired prior	to the	e submission	
				of a claim			
Required	REF02	127	Reference Identifica	··	X	AN 1/30	
				n as defined for a particular Transaction	Set o	or as	
				rence Identification Qualifier		_	
NI 4 TI 1	DEE02	252		Payer Prior Authorization or Referral Nu			
Not Used	REF03	352	Description		X	AN 1/80	
	DEE0.4	G0.40	=	A free-form description to clarify the related data elements an			
Not Used	REF04	C040		Reference Identifier			
			To identify one or more reference numbers or identification numbers as				
Not Used	C04001	128	specified by the Refe Reference Identifica		M	ID 2/3	
Not Oseu	C04001	120		•	171	ID 2/3	
Not Used	C04002	127	Reference Identifica	Reference Identification	M	AN 1/30	
Not Usea	C04002	147					
				n as defined for a particular Transaction rence Identification Qualifier	Set c	or as	
Not Used	C04003	128	Reference Identifica	-	X	ID 2/3	
1100 0500	C01000	120		Reference Identification		12 2/0	
Not Used	C04004	127	Reference Identifica		X	AN 1/30	
not escu	C04004	127		n as defined for a particular Transaction			
				rence Identification Qualifier	SCI C	n as	
Not Used	C04005	128	Reference Identifica		$\mathbf{X}$	ID 2/3	
				Reference Identification			
Not Used	C04006	127	Reference Identifica		X	AN 1/30	
-			Reference informatio	n as defined for a particular Transaction	Set o	or as	
				rence Identification Qualifier			
			•				

Segment: REF Other Payer Claim Adjustment Indicator

**Position:** 355

**Loop:** 2330B Optional (Must Use)

Level: Detail
Usage: Optional

Max Use: 2

**Notes:** 

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

1 REF04 contains data relating to the value cited in REF02.

Used only in payer-to-payer COB. In that situation, the destination payer is secondary to the payer identified in this loop. Providers/other submitters do not use this segment.

Required when the payer identified in this loop has previously paid this claim and has indicated so to the destination payer. In this case the payer identified in this loop has readjudicated the claim and is sending the adjusted payment information to the destination payer. This REF segment is used to indicate that this claim is an adjustment of a previously adjudicated claim. If the claim has not been previously adjudicated this REF is not used.

There can only be a maximum of three REF segments in any one iteration of the 2330 loop.

			Butu Biemene Bummury		
	Ref.	Data	NT.		•1
D : 1	Des.	Element	Name  Name		ributes
Required	REF01	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
			INDUSTRY: Reference Identification Qualifier		
			T4 Signal Code		
			Defense Fuel Supply Center to bill bac	k fuel	purchases to
			the appropriate service or agency account	ınt fu	
Required	REF02	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction	Set o	or as
			specified by the Reference Identification Qualifier		
			Allowable values are "Y" indicating that the payer in this loc		
			adjudicated this claim and sent a record of that adjudication		
			payer identified in the 2010BB loop. The claim being transmiteration of the 2300 loop is a re-adjudicated version of that of		
			neration of the 2500 loop is a re-adjudicated version of that of	Jann.	
			NSF Reference: DA3-24.0		
			INDUSTRY: Other Payer Claim Adjustment Indicator		
Not Used	REF03	352	Description	X	AN 1/80
			A free-form description to clarify the related data elements a	nd the	eir content
Not Used	REF04	C040	Reference Identifier	0	
			To identify one or more reference numbers or identification	numb	ers as
			specified by the Reference Qualifier		
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	$\mathbf{M}$	AN 1/30
			Reference information as defined for a particular Transaction	Set o	or as
			specified by the Reference Identification Qualifier		
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		

DRAFT					
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transactio specified by the Reference Identification Qualifier	n Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transactio specified by the Reference Identification Qualifier	n Set o	or as

Segment: NM1 Other Payer Patient Information

**Position:** 325

**Notes:** 

Loop: 2330C Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

2 If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

Required when it is necessary, in COB situations, to send one or more payer-specific patient identification numbers. The patient identification number(s) carried in this iteration of the 2330 loop are those patient ID's which belong to non-destination (COB) payers. The patient ID(s) forr the destination payer are carried in the 2010CA loop NM1 and REF segments. See Section 1.4.5 Crosswalking COB Data Elements for more information on handling non-destination payer patient identifiers and other COB elements.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

			Data Element Summary		
	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>		<u>ributes</u>
Required	NM101	98	Entity Identifier Code	$\mathbf{M}$	ID 2/3
			Code identifying an organizational entity, a physical location	, prop	perty or an
			individual		
			INDUSTRY: Entity Identifier Code		
			QC Patient		
			Individual receiving medical care		
Required	NM102	1065	Entity Type Qualifier	M	<b>ID</b> 1/1
			Code qualifying the type of entity		
			INDUSTRY: Entity Type Qualifier		
			1 Person		
Required	NM103	1035	Name Last or Organization Name	O	AN 1/35
			Individual last name or organizational name		
			ALIAS: Patient Last Name		
			INDUSTRY: Patient Last Name		
Not Used	NM104	1036	Name First	O	AN 1/25
			Individual first name		
Not Used	NM105	1037	Name Middle	O	AN 1/25
			Individual middle name or initial		
Not Used	NM106	1038	Name Prefix	O	AN 1/10
			Prefix to individual name		
Not Used	NM107	1039	Name Suffix	O	AN 1/10
			Suffix to individual name		
Required	NM108	66	Identification Code Qualifier	$\mathbf{X}$	ID 1/2
_			Code designating the system/method of code structure used to	for Ide	entification
			Code (67)		
			INDUSTRY: Identification Code Qualifier		
			MI Member Identification Number		
			The code MI is intended to be the subsc	riber'	S

identification number as assigned by the payer. Payers use different terminology to convey the same number. Therefore the 837 Professional Workgroup recommends using MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Health Insurance Claim Number (HIC), etc.

			,		,
			Insurance Claim Number (HIC), etc.		
Required	NM109	67	Identification Code	X	AN 2/80
			Code identifying a party or other code		
			ALIAS: Patient's Other Payer Primary Identification Number	ε	
Not Used	NM110	706	INDUSTRY: Other Payer Patient Primary Identifier Entity Relationship Code	X	ID 2/2
			Code describing entity relationship		
Not Used	NM111	98	Entity Identifier Code	O	ID 2/3
			Code identifying an organizational entity, a physical location individual	, proj	perty or an

 ${f REF}$  Other Payer Patient Identification **Segment:** 

**Position:** 355

2330C Loop: Optional

Level: Detail Usage: Optional Max Use:

**Purpose:** To specify identifying information

At least one of REF02 or REF03 is required. **Syntax Notes:** 

> If either C04003 or C04004 is present, then the other is required. If either C04005 or C04006 is present, then the other is required.

REF04 contains data relating to the value cited in REF02. **Semantic Notes:** 

**Comments:** 

**Notes:** 

Used when a COB payer (listed in 2330B loop) has one or more proprietary patient identification numbers for this claim. The patient (name, DOB, etc) is identified in the

2010BA or 2010CA loop.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

			Data E	Element Summary		
	Ref. <u>Des</u> .	Data <u>Element</u>	<u>Name</u>			<u>cributes</u>
Required	REF01	128		ntification Qualifier	M	ID 2/3
			Code qualifying	g the Reference Identification		
			INDUSTRY: R	eference Identification Qualifier		
			1 W	Member Identification Number		
				Unique identification number assigned under a subscriber's contract If NM108 = M1 do not use this code.	to ea	ich member
			23	Client Number		
			IG	This code is intended to be used only it to the Indian Health Service/Contract I (IHC/CHS) Fiscal Intermediary for the reporting the Health Record Number.	Health	Services
				Insurance Policy Number		
			SY	Social Security Number		
Required	REF02	127	Reference Ider	Do not use for Medicare.	X	AN 1/30
Not Used	REF03	352	specified by the ALIAS: Patient	mation as defined for a particular Transactio e Reference Identification Qualifier 's Other Payer Secondary Identifier other Payer Patient Secondary Identifier	n Set	or as  AN 1/80
1100 0500	1121 00	002	-	scription to clarify the related data elements a		
Not Used	REF04	C040	Reference Ider		O	en content
Not Used	C04001	128	To identify one specified by the	or more reference numbers or identification Reference Qualifier ntification Qualifier	_	
			Code qualifying	g the Reference Identification		
Not Used	C04002	127	Reference Iden	ntification	$\mathbf{M}$	AN 1/30
			Reference infor	mation as defined for a particular Transactio	n Set	or as
Not Used	C04003	128	Reference Iden	e Reference Identification Qualifier ntification Qualifier	X	ID 2/3
				g the Reference Identification		
<b>Not Used</b> P837V401 (0	<b>C04004</b> 04010X098)	127	Reference Iden	ntification 242	X	<b>AN 1/30</b> August 8, 2001

			Reference information as defined for a particular Transacti specified by the Reference Identification Qualifier	ion Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
		Reference information as defined for a particular Transa specified by the Reference Identification Qualifier		ion Set o	or as

Segment: NM1 Other Payer Referring Provider

**Position:** 325

Loop: 2330D Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: T

**Syntax Notes:** 

To supply the full name of an individual or organizational entity

1 If either NM108 or NM109 is present, then the other is required.

If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

**Notes:** Used when it is necessary to send an additional payer-specific provider identification

number for non-destination (COB) payers.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

			Data	Element Summary		
Required	Ref. <u>Des.</u> NM101	Data Element 98	<u>Name</u> Entity Identi	ifier Code	Attı M	ributes ID 2/3
			Code identify	ring an organizational entity, a physical loca	tion, prop	perty or an
			individual			
				Entity Identifier Code		
			DN	Referring Provider		
				Use on first iteration of this loop. Use once.	se if loop	is used only
			P3	Primary Care Provider		
				Physician that is selected by the insu	ired to pr	ovide
				medical care		
				Use only if loop is used twice. Use of iteration of this loop.	only on s	econd
Required	NM102	1065	<b>Entity Type</b>	Qualifier	M	<b>ID 1/1</b>
			Code qualify	ing the type of entity		
			INDUSTRY:	Entity Type Qualifier		
			1	Person		
			2	Non-Person Entity		
Required	NM103	1035	Name Last o	or Organization Name	O	AN 1/35
			Individual las	st name or organizational name		
			ALIAS: Refe	erring Provider Last Name		
Not Used	NM104	1036	INDUSTRY: Name First	Referring Provider Last Name	0	AN 1/25
			Individual fir	est name		
Not Used	NM105	1037	Name Middl	e	O	AN 1/25
			Individual mi	iddle name or initial		
Not Used	NM106	1038	Name Prefix		O	AN 1/10
			Prefix to indi	vidual name		
Not Used	NM107	1039	Name Suffix	T.	O	AN 1/10
			Suffix to indi	vidual name		
Not Used	NM108	66	Identification	n Code Qualifier	X	ID 1/2
D02737401 (0	04010 <b>V</b> 000			244		August 9, 200

			Code designating the system/method of code structure used for Code (67)	or Id	entification
Not Used	NM109	67	Identification Code	X	AN 2/80
			Code identifying a party or other code		
Not Used	NM110	706	Entity Relationship Code	$\mathbf{X}$	ID 2/2
			Code describing entity relationship		
Not Used	NM111	98	Entity Identifier Code	O	ID 2/3
			Code identifying an organizational entity, a physical location individual	, prop	perty or an

Segment:  ${f REF}$  Other Payer Referring Provider Identification

**Position:** 355

Loop: 2330D Optional

Level: Detail

Usage: Optional (Must Use)

Max Use: 3

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

If either C04003 or C04004 is present, then the other is required.
If either C04005 or C04006 is present, then the other is required.

1 REF04 contains data relating to the value cited in REF02.

**Semantic Notes:** Comments:

**Notes:** Non-destination (COB) payers' provider identification number(s).

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

			Data E	lement Summary		
	Ref.	Data				
	Des.	Element	Name			ributes
Required	REF01	128		atification Qualifier	M	ID 2/3
				g the Reference Identification		
			INDUSTRY: R	eference Identification Qualifier		
			1B	Blue Shield Provider Number		
			1C	Medicare Provider Number		
			1D	Medicaid Provider Number		
			EI	Employer's Identification Number		
			G2	Provider Commercial Number		
				A unique number assigned to a provide	er by a	commercial
				insurer		
			LU	Location Number		
			N5	Provider Plan Network Identification N		
				A number assigned to identify a specif	ic pro	vider in a
Dogwinod	REF02	127	Reference Ider	health care plan network	X	AN 1/30
Required	KEFU2	127				
				mation as defined for a particular Transaction Reference Identification Qualifier	ı set c	or as
				Payer Referring Provider Identification		
				ther Payer Referring Provider Identifier		
Not Used	REF03	352	Description		X	AN 1/80
				scription to clarify the related data elements a	ınd the	eir content
Not Used	REF04	C040	Reference Iden	itifier	O	
				or more reference numbers or identification	numbe	ers as
No4 Hood	C04001	120		Reference Qualifier	3.7	ID 2/2
Not Used	C04001	128		ntification Qualifier	M	ID 2/3
NI 4 FI I	C0 4002	105		g the Reference Identification	3.6	A NI 1/20
Not Used	C04002	127	Reference Iden		M	AN 1/30
				mation as defined for a particular Transaction	a Set o	or as
Not Used	C04003	128		Reference Identification Qualifier	X	ID 2/3
110t Obcu	C04005	120		g the Reference Identification	21	10 2/3
Not Used	C04004	127	Reference Ider		X	AN 1/30
110t Oscu	C07007	141		mation as defined for a particular Transaction		
				Reference Identification Qualifier	ı per (	n as
			opposition by the	Titletener Identification Vacanties		

DRAFT <b>Not Used</b>	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transactio specified by the Reference Identification Qualifier	n Set o	or as

Segment: NM1 Other Payer Rendering Provider

**Position:** 325

Loop: 2330E Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

2 If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

**Notes:** Used when it is necessary to send an additional payer-specific provider identification

number for non-destination (COB) payers.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Data Element Summary							
	Ref.	Data	N.		•1		
Required	<u>Des.</u> NM101	Element 98	Name Entity Identifier Code	Atti M	ributes ID 2/3		
Required	11111101	70	Code identifying an organizational entity, a physical location				
			individual	, prop	ocity of an		
			INDUSTRY: Entity Identifier Code				
			82 Rendering Provider				
Required	NM102	1065	Entity Type Qualifier	$\mathbf{M}$	<b>ID</b> 1/1		
			Code qualifying the type of entity				
			INDUSTRY: Entity Type Qualifier				
			1 Person				
			2 Non-Person Entity				
Required	NM103	1035	Name Last or Organization Name	O	AN 1/35		
			Individual last name or organizational name				
			INDUSTRY: Rendering Provider Last or Organization Nam	e			
Not Used	NM104	1036	Name First	O	AN 1/25		
			Individual first name				
Not Used	NM105	1037	Name Middle	O	AN 1/25		
			Individual middle name or initial				
Not Used	NM106	1038	Name Prefix	O	AN 1/10		
			Prefix to individual name				
Not Used	NM107	1039	Name Suffix	O	AN 1/10		
			Suffix to individual name				
Not Used	NM108	66	Identification Code Qualifier	X	ID 1/2		
			Code designating the system/method of code structure used	or Id	entification		
<b>.</b>	NTN #4.00	<b>.</b> =	Code (67)	<b>T</b> 7	4 N. O. (O.O.		
Not Used	NM109	67	Identification Code	X	AN 2/80		
	<b>373</b> #440	=0.4	Code identifying a party or other code		TD 4/4		
Not Used	NM110	706	Entity Relationship Code	X	ID 2/2		
<b>.</b>	NT 5444	00	Code describing entity relationship	•	TD 0/0		
Not Used	NM111	98	Entity Identifier Code	0	ID 2/3		
			Code identifying an organizational entity, a physical location	, prop	perty or an		

individual

Segment:  ${f REF}$  Other Payer Rendering Provider Secondary Identification

**Position:** 355

Loop: 2330E Optional

Level: Detail

**Usage:** Optional (Must Use)

Max Use: 3

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.
1 REF04 contains data relating to the value cited in REF02.

**Semantic Notes:** Comments:

Notes: Non-destination (COB) payers' provider identification number(s).

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

			Data Ele	ement Summary		
	Ref.	Data				
ъ	Des.	Element 120	Name	· · · · · · · · · · · · · · · · · · ·		ributes
Required	REF01	128		ification Qualifier	M	ID 2/3
				the Reference Identification		
				ference Identification Qualifier		
			1B	Blue Shield Provider Number		
			1C	Medicare Provider Number		
			1D	Medicaid Provider Number		
			EI	Employer's Identification Number		
			G2	Provider Commercial Number		
				A unique number assigned to a provide	r by a	commercial
			LU	insurer Location Number		
			N5	Provider Plan Network Identification N	lumbe	r
				A number assigned to identify a specif	ic pro	vider in a
				health care plan network	•	
Required	REF02	127	Reference Ident	ification	X	AN 1/30
				nation as defined for a particular Transaction	1 Set o	or as
				Reference Identification Qualifier		
			Other Payer Ren	dering Provider Secondary Identification		
			INDUSTRY: Oth	ner Payer Rendering Provider Secondary Id	entifie	er
Not Used	REF03	352	Description		X	AN 1/80
			A free-form desc	ription to clarify the related data elements a	nd the	eir content
Not Used	REF04	C040	Reference Ident	ifier	O	
				or more reference numbers or identification	numb	ers as
NI 4 TI 1	C04001	120		Reference Qualifier	3.7	ID 2/2
Not Used	C04001	128		ification Qualifier	M	ID 2/3
	G0.400.	4.5		the Reference Identification		
Not Used	C04002	127	Reference Ident		M	AN 1/30
				nation as defined for a particular Transaction	ı Set o	or as
Not Used	C04003	128		Reference Identification Qualifier ification Qualifier	X	ID 2/3
				the Reference Identification		
Not Used	C04004	127	Reference Ident		X	AN 1/30
			Reference inform	nation as defined for a particular Transaction	ı Set o	
				Reference Identification Qualifier		
Not Used	C04004	127	Reference Ident Reference inform	<b>ification</b> ation as defined for a particular Transaction		<b>AN 1/30</b> or as

DRAFT <b>Not Used</b>	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transactio specified by the Reference Identification Qualifier	n Set o	or as

Segment: NM1 Other Payer Purchased Service Provider

**Position:** 325

**Loop:** 2330F Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

2 If NM111 is present, then NM110 is required.

Semantic Notes: 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

**Notes:** Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for

further details on ASC X12 syntax rules.

Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Data Element Summary						
Required	Ref. <u>Des.</u> NM101	Data Element 98	Name Entity Identifier Code		Attı M	ributes ID 2/3
			Code identifying an organizational entity, a physical location, individual INDUSTRY: Entity Identifier Code			perty or an
				•		
			QB	Purchase Service Provider	. ha k	. a.v. alat
Dogwinod	NM102	1065	Entity Type Ouel	Entity from which medical supplies may	м . М	_
Required	NW1102	1005	Entity Type Qualifier Code qualifying the type of entity		IVI	ID 1/1
			INDUSTRY: Entity Type Qualifier			
			1	Person		
			2	Non-Person Entity		
Required	NM103	1035	Name Last or Org	-	0	AN 1/35
required	11111100	1000	Individual last name or organizational name			111 ( 1,00
			ALIAS: Purchased Service Provider Name			
Ni. 4 Ti I	NIN #10.4	1027	INDUSTRY: Purchased Service Provider Name Name First		0	A NI 1/25
Not Used	NM104	1036	Name First Individual first nar		O	AN 1/25
Not Used	NM105	1037	Name Middle	ne	0	AN 1/25
Not Oseu	MMIIUS	1037	Individual middle	nama or initial	U	AN 1/23
Not Used	NM106	1038	Name Prefix	name of mittar	0	AN 1/10
not oscu	11111100	1030	Prefix to individua	l name	U	AN 1/10
Not Used	NM107	1039	Name Suffix	i name	0	AN 1/10
1100 0500	11112207	1007	Suffix to individua	l name	Ü	111 1,10
Not Used	NM108	66	Identification Code Qualifier		X	ID 1/2
			Code designating the system/method of code structure used for Identif Code (67)			
Not Used	NM109	67	<b>Identification Cod</b>	le	X	AN 2/80
			Code identifying a	party or other code		
Not Used	NM110	706	Entity Relationsh	_	X	ID 2/2
Code describing er		*				
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Not Used NM111 98 Entity Identifier Code O ID 2/3

 $Code\ identifying\ an\ organizational\ entity,\ a\ physical\ location,\ property\ or\ an\ individual$ 

Segment:  ${f REF}$  Other Payer Purchased Service Provider Identification

**Position:** 355

**Loop:** 2330F Optional

Level: Detail

Usage: Optional (Must Use)

Max Use: 3

**Notes:** 

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

Non-destination (COB) payers' provider identification number(s).

**Semantic Notes:** Comments:

Notes: 1 REF04 contains data relating to the value cited in REF02.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

			Data Ele	ment Summary		
	Ref.	Data				
	Des.	<b>Element</b>	Name			<u>ributes</u>
Required	REF01	128	Reference Identi	fication Qualifier	M	ID 2/3
			Code qualifying t	he Reference Identification		
			INDUSTRY: Ref	erence Identification Qualifier		
			1A	Blue Cross Provider Number		
			1B	Blue Shield Provider Number		
			1C	Medicare Provider Number		
			1D	Medicaid Provider Number		
			EI	Employer's Identification Number		
			G2	Provider Commercial Number		
				A unique number assigned to a provide insurer	r by a	commercial
			LU	Location Number		
			N5	Provider Plan Network Identification N	umbe	r
				A number assigned to identify a specifi health care plan network	c prov	vider in a
Required	REF02	127	Reference Identi	fication	X	AN 1/30
			specified by the F Other Payer Purc	ation as defined for a particular Transaction Reference Identification Qualifier hased Service Provider Identification er Payer Purchased Service Provider Identi		or as
Not Used	REF03	352	<b>Description</b>	er rayer raichasea service rrovider identi	X	AN 1/80
			•	ription to clarify the related data elements a	nd the	eir content
Not Used	REF04	C040	Reference Identi		o	
				r more reference numbers or identification in Reference Qualifier	numbe	ers as
Not Used	C04001	128	Reference Identi	fication Qualifier	M	ID 2/3
			Code qualifying t	he Reference Identification		
Not Used	C04002	127	Reference Identi	fication	$\mathbf{M}$	AN 1/30
				ation as defined for a particular Transaction Reference Identification Qualifier	Set o	or as
Not Used	C04003	128		fication Qualifier	X	ID 2/3
			Code qualifying t	he Reference Identification		
Not Used	C04004	127	Reference Identi	fication	$\mathbf{X}$	AN 1/30
			Reference inform	ation as defined for a particular Transaction	Set o	or as
				-		

Not Used	C04005	128	specified by the Reference Identification Qualifier  Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transactio specified by the Reference Identification Qualifier	n Set o	or as

Segment: NM1 Other Payer Service Facility Location

**Position:** 325

Ref.

Loop: 2330G Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

2 If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

Data

Marra

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

**Notes:** Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

A ttributos

Required	<u>Des.</u> NM101	Element 98	<u>Name</u> Entity Identifi	ier Code	<u>Attr</u> M	r <u>ibutes</u> ID 2/3
210401100	1111202	70	•	ng an organizational entity, a physical loca	ation, prop	
			individual		7 1 1	•
			INDUSTRY: H	Entity Identifier Code		
			77	Service Location		
				Use when other codes in this eleme	ent do not	apply.
			FA	Facility		
			LI	Independent Lab		
				Outside laboratory which provides	test result	s for entity
				providing medical services		
			TL	Testing Laboratory		
Required	NM102	1065	Entity Type C	<b>Jualifier</b>	$\mathbf{M}$	<b>ID</b> 1/1
			Code qualifyin	ig the type of entity		
			INDUSTRY: E	Entity Type Qualifier		
			2	Non-Person Entity		
Required NM103	NM103	1035	Name Last or	Organization Name	O	AN 1/35
			Individual last	name or organizational name		
			ALIAS: Service	ce Facility Name		
			INDUSTRY: S	Service Facility Name		
Not Used	NM104	1036	Name First	•	O	AN 1/25
			Individual first	name		
Not Used	NM105	1037	Name Middle		O	AN 1/25
			Individual mid	dle name or initial		
Not Used	NM106	1038	Name Prefix		O	AN 1/10
			Prefix to indiv	idual name		
Not Used	NM107	1039	Name Suffix		O	AN 1/10
			Suffix to indiv	idual name		
Not Used	NM108	66	Identification	Code Qualifier	X	ID 1/2
				ing the system/method of code structure u	sed for Ide	entification
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Not Used	NM109	67	Identification Code	X	AN 2/80
			Code identifying a party or other code		
Not Used	NM110	706	Entity Relationship Code	$\mathbf{X}$	ID 2/2
			Code describing entity relationship		
Not Used	NM111	98	Entity Identifier Code	O	ID 2/3
			Code identifying an organizational entity, a physical location individual	n, proj	perty or an

Segment:  ${f REF}$  Other Payer Service Facility Location Identification

**Position:** 355

Loop: 2330G Optional

Level: Detail

Usage: Optional (Must Use)

Max Use: 3

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

If either C04003 or C04004 is present, then the other is required.
If either C04005 or C04006 is present, then the other is required.

1 REF04 contains data relating to the value cited in REF02.

**Semantic Notes:** Comments:

**Notes:** Non-destination (COB) payers' provider identification number(s).

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

	Ref.	Data	Data Ele	ment Summary		
	Des.	<b>Element</b>	<u>Name</u>		Attı	<u>ributes</u>
Required	REF01	128	Reference Identi	fication Qualifier	M	ID 2/3
			Code qualifying t	he Reference Identification		
			INDUSTRY: Ref	erence Identification Qualifier		
			1A	Blue Cross Provider Number		
			1B	Blue Shield Provider Number		
			1C	Medicare Provider Number		
			1D	Medicaid Provider Number		
			G2	Provider Commercial Number		
				A unique number assigned to a provide	r by a	commercial
				insurer		
			LU	Location Number		
			N5	Provider Plan Network Identification N		
				A number assigned to identify a specifi	c prov	vider in a
Required	REF02	127	Reference Identi	health care plan network	X	AN 1/30
Hoquirea	1121 VZ	12,		ation as defined for a particular Transaction		
				Reference Identification Qualifier	bere	71 us
			ALIAS: Other Pa	yer Service Facility Location Identification	l	
			DIDLIGEDY O.1			
Not Used	REF03	352	Description	er Payer Service Facility Location Identifie	er X	AN 1/80
Not Osca	KEFUS	332	-	iption to clarify the related data elements a		, - ,
Not Used	REF04	C040	Reference Identi	•	na the	on content
not Oscu	KLI 04	C040		more reference numbers or identification	•	erc ac
				deference Qualifier	iuiiiov	215 45
Not Used	C04001	128		fication Qualifier	M	ID 2/3
			Code qualifying t	he Reference Identification		
Not Used	C04002	127	Reference Identi	fication	M	AN 1/30
			Reference informa	ation as defined for a particular Transaction	Set o	or as
	~~			Reference Identification Qualifier		
Not Used	C04003	128		fication Qualifier	X	ID 2/3
				he Reference Identification		
Not Used	C04004	127	Reference Identi		X	AN 1/30
				ation as defined for a particular Transaction	Set o	or as
			specified by the R	Reference Identification Qualifier		

DRAFT <b>Not Used</b>	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction	on Set o	or as
			specified by the Reference Identification Qualifier		

 ${
m NM1}$  Other Payer Supervising Provider **Segment:** 

**Position:** 325

2330H Loop: Optional

Level: Detail Usage: Optional Max Use:

**Purpose:** To supply the full name of an individual or organizational entity If either NM108 or NM109 is present, then the other is required. **Syntax Notes:** 

If NM111 is present, then NM110 is required.

**Semantic Notes:** NM102 qualifies NM103.

NM110 and NM111 further define the type of entity in NM101. **Comments:** 

Because the usage of this segment is "Situational" this is not a syntactically required **Notes:** loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for

further details on ASC X12 syntax rules.

Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

			Data Element Summary		
	Ref.	Data	N.		•
Doguinad	<u>Des.</u> NM101	Element 98	Name Entity Identifier Code	Atti M	ributes ID 2/3
Required	INIVITUI	98	•		
			Code identifying an organizational entity, a physical location individual	ı, proj	perty or an
			INDUSTRY: Entity Identifier Code		
			DQ Supervising Physician		
Required	NM102	1065	Entity Type Qualifier	M	ID 1/1
			Code qualifying the type of entity		
			INDUSTRY: Entity Type Qualifier		
			1 Person		
Required	NM103	1035	Name Last or Organization Name	O	AN 1/35
			Individual last name or organizational name		
			ALIAS: Supervising Provider Last Name		
			INDUSTRY: Supervising Provider Last Name		
Not Used	NM104	1036	Name First	0	AN 1/25
			Individual first name		
Not Used	NM105	1037	Name Middle	O	AN 1/25
			Individual middle name or initial		
Not Used	NM106	1038	Name Prefix	O	AN 1/10
			Prefix to individual name		
Not Used	NM107	1039	Name Suffix	O	AN 1/10
			Suffix to individual name		
Not Used	NM108	66	Identification Code Qualifier	X	ID 1/2
			Code designating the system/method of code structure used	for Id	entification
<b>N</b> T / <b>T</b> T N	NTN #4.00		Code (67)	<b>T</b> 7	A 34 0 00
Not Used	NM109	67	Identification Code	X	AN 2/80
	<b>373</b> 54 4 0	=0.4	Code identifying a party or other code		TD 4/4
Not Used	NM110	706	Entity Relationship Code	X	ID 2/2
		0.0	Code describing entity relationship		TD 4/2
Not Used	NM111	98	Entity Identifier Code	O	ID 2/3
D02734401 /0	0.401037000		Code identifying an organizational entity, a physical location		-
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individual

Segment:  ${f REF}$  Other Payer Supervising Provider Identification

**Position:** 355

Loop: 2330H Optional

Level: Detail

Usage: Optional (Must Use)

Max Use: 3

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

If either C04003 or C04004 is present, then the other is required.
If either C04005 or C04006 is present, then the other is required.

REF04 contains data relating to the value cited in REF02.

**Semantic Notes:** Comments:

**Notes:** Non-destination (COB) payers' provider identification number(s).

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

	Ref.	Data	Data Elem	ient Summary		
	Des.	Element	<u>Name</u>		A ff	ributes
Required	REF01	128	Reference Identifi	cation Qualifier	M	ID 2/3
1				e Reference Identification		
				rence Identification Qualifier		
			1B	Blue Shield Provider Number		
			1C	Medicare Provider Number		
			1D	Medicaid Provider Number		
			EI	Employer's Identification Number		
			G2	Provider Commercial Number		
			02	A unique number assigned to a provide	r by a	commercial
				insurer	5	
			N5	Provider Plan Network Identification N	umbe	r
				A number assigned to identify a specific	c pro	vider in a
				health care plan network		
Required	REF02	127	Reference Identifi		X	AN 1/30
				ion as defined for a particular Transaction	Set o	or as
				eference Identification Qualifier		
			ALIAS: Other Paye	er Supervising Provider Identification		
			INDUSTRY: Other	Payer Supervising Provider Identifier		
Not Used	REF03	352	Description		$\mathbf{X}$	AN 1/80
			A free-form descrip	otion to clarify the related data elements a	nd the	eir content
Not Used	REF04	C040	Reference Identifi	er	O	
			-	more reference numbers or identification	numb	ers as
N T	G0.4004	100	specified by the Re			ID 0/2
Not Used	C04001	128	Reference Identifi	-	M	ID 2/3
	G0.400.	4.5=		e Reference Identification		
Not Used	C04002	127	Reference Identifi		M	AN 1/30
				ion as defined for a particular Transaction ference Identification Qualifier	Set o	or as
Not Used	C04003	128	Reference Identifi		X	ID 2/3
not Oscu	C04003	120		e Reference Identification	21	10 2/3
Not Used	C04004	127	Reference Identifi		x	AN 1/30
Not Osea	C04004	147		ion as defined for a particular Transactior		
				eference Identification Qualifier	ı sei (	n as
Not Used	C04005	128	Reference Identifi		$\mathbf{X}$	ID 2/3
				•		

Code qualifying the Reference Identification

Not Used C04006 127 Reference Identification

X AN 1/30

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

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Segment: LX Service Line

Position: 365

2400 Optional (Must Use)

Level: Detail

**Usage:** Optional (Must Use)

Max Use:

Loop:

**Purpose:** To reference a line number in a transaction set

Syntax Notes: Semantic Notes: Comments:

Notes:

The Service Line LX segment begins with 1 and is incremented by one for each additional service line of a claim. The LX functions as a line counter.

The datum in the LX is not usually returned in the 835 (Remittance Advice) transaction. LX01 may be used as a line item control number by the payer in the 835 if a line item control number has not been submitted on the service line. See that REF for more information

LX01 is used to indicate bundling/unbundling in SVC06. See Section 1.4.3 for more information on bundling and unbundling.

Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules.

	Ref.	Data	•		
	Des.	<b>Element</b>	<u>Name</u>	Attr	<u>ributes</u>
Required	LX01	554	Assigned Number	$\mathbf{M}$	N0 1/6
			Number assigned for differentiation within a transaction set		
			The service line number incremented by 1 for each service line	ne.	
			ALIAS: Line Counter		
			NSF Reference: FA0-02.0, FB0-02.0, FB1-02.0, GA0-02.0, G	GC0-(	02.0, GX0-
			02.0, GX2-02.0, HA0-02.0, FB2-02.0, GU0-02.0		

 ${
m SV1}$  Professional Service **Segment:** 

**Position:** 370

> 2400 Loop: Optional (Must Use)

Level: Detail

Usage: Optional (Must Use)

Max Use:

**Purpose:** To specify the claim service detail for a Health Care professional **Syntax Notes:** If either SV103 or SV104 is present, then the other is required.

**Semantic Notes:** SV102 is the submitted charge amount.

SV105 is the place of service.

- SV108 is the independent lab charges.
- SV109 is the emergency-related indicator; a "Y" value indicates service provided was emergency related; an "N" value indicates service provided was not emergency
- SV111 is early and periodic screen for diagnosis and treatment of children (EPSDT) involvement; a "Y" value indicates EPSDT involvement; an "N" value indicates no EPSDT involvement.
- 6 SV112 is the family planning involvement indicator. A "Y" value indicates family planning services involvement; an "N" value indicates no family planning services involvement.
- SV117 is the health care manpower shortage area (HMSA) facility identification.
- SV118 is the health care manpower shortage area (HMSA) zip code.
- SV119 is a noncovered charge amount.

**Comments:** If SV113 is equal to "L" or "N", then SV114 is required.

			Data Elem	ent Summary		
Required	Ref. <u>Des.</u> SV101	Data Element C003	_	Il Procedure Identifier al procedure by its standardized codes an	M	icable
Required	C00301	235	Product/Service II	) Qualifier	M	ID 2/2
			Product/Service ID	e type/source of the descriptive number u (234) ct or Service ID Qualifier	sed in	
			HC IV NI	Health Care Financing Administration Of Procedural Coding System (HCPCS) Code HCFA coding scheme to group procedure on an outpatient basis for payment to health Medicare; primarily used for ambulator other diagnostic departments Because the AMA's CPT codes are also codes, they are reported under HC. Home Infusion EDI Coalition (HIEC) For Code National Drug Code in 4-4-2 Format 4-digit manufacturer ID, 4-digit product package size	odes are(s) p ospital y surg level	performed under ical and 1 HCPCS t/Service
			N2	National Drug Code in 5-3-2 Format 5-digit manufacturer ID, 3-digit product package size	t ID, 2	-digit trade
			N3	National Drug Code in 5-4-1 Format 5-digit manufacturer ID, 4-digit product package size	t ID, 1	-digit trade
			N4	National Drug Code in 5-4-2 Format 5-digit manufacturer ID, 4-digit product	t ID, 2	-digit trade

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ZZ Mutually Defined

Jurisdictionally Defined Procedure and Supply Codes. (Used for Worker's Compensation claims). Contact your

local (State) Jurisdiction for a list of these codes.

Required C00302 234 Product/Service ID

M AN 1/48

Identifying number for a product or service NSF Reference: FA0-09.0, FB0-15.0, GU0-07.0

INDUSTRY: Procedure Code

Situatio C00303 1339 Procedure Modifier

O AN 2/2

This identifies special circumstances related to the performance of the service, as defined by trading partners

Use this modifier for the first procedure code modifier.

Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.

ALIAS: Procedure Modifier 1

NSF Reference: FA0-10.0, GU0-08.0

**INDUSTRY: Procedure Modifier** 

Situatio C00304 1339 Procedure Modifier

O AN 2/2

This identifies special circumstances related to the performance of the service, as defined by trading partners

Use this modifier for the second procedure code modifier.

Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.

ALIAS: Procedure Modifier 2

NSF Reference: FA0-11.0

INDUSTRY: Procedure Modifier

Situatio C00305 1339 Procedure Modifier

O AN 2/2

This identifies special circumstances related to the performance of the service, as defined by trading partners

Use this modifier for the third procedure code modifier.

Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.

ALIAS: Procedure Modifier 3

NSF Reference: FA0-12.0

INDUSTRY: Procedure Modifier

Situatio C00306 1339 Procedure Modifier

O = AN 2/2

This identifies special circumstances related to the performance of the service, as defined by trading partners

Use this modifier for the fourth procedure code modifier.

Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.

ALIAS: Procedure Modifier 4

NSF Reference: FA0-36.0

**INDUSTRY: Procedure Modifier** 

Not Used C00307 352 **Description** 

O AN 1/80

A free-form description to clarify the related data elements and their content

Required SV102 782 **Monetary Amount**  O R 1/18

Monetary amount

For encounter transmissions, zero (0) may be a valid amount.

ALIAS: Submitted charge amount

NSF Reference: FA0-13.0

INDUSTRY: Line Item Charge Amount

### 355 Required SV103 **Unit or Basis for Measurement Code**

X ID 2/2

Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken

FA0-50.0 is only used in Medicare COB payer-to-payer situations.

NSF Reference: FA0-50.0

INDUSTRY: Unit or Basis for Measurement Code

F2 International Unit

A unit accepted by an international agency; potency of a

drug/vitamin based on a specific weight of that

drug/vitamin

International Unit is used to indicate dosage amount. Dosage amount is only used for drug claims when the dosage of the drug is variable within a single NDC

number (e.g., blood factors).

MJMinutes UN Unit

Required SV104 380 Quantity X R 1/15

Numeric value of quantity

Note: If a decimal is needed to report units, include it in this element, e.g., "15.6".

**ALIAS: Units or Minutes** 

NSF Reference: FA0-18.0, FA0-19.0, FB0-16.0

**INDUSTRY: Service Unit Count** 

SV105 Situatio 1331

### **Facility Code Value**

O AN 1/2

Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format Required if value is different than value carried in CLM05-1 in Loop ID-2300.

Use this element for codes identifying a place of service from code source 237. As a courtesy, the codes are listed below, however, the code list is thought to be complete at the time of publication of this implementation guideline. Since this list is subject to change, only codes contained in the document available from code source 237 are to be supported in this transaction and take precedence over any and all codes listed here.

- Office 11
- 12 Home
- 21 Inpatient Hospital
- 22 **Outpatient Hospital**

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23 Emergency Room - Hospital 24 **Ambulatory Surgical Center** 25 Birthing Center 26 Military Treatment Facility 31 Skilled Nursing Facility 32 **Nursing Facility** 33 **Custodial Care Facility** 34 Hospice 41 Ambulance - Land 42 Ambulance - Air or Water 50 Federally Qualified Health Center 51 Inpatient Psychiatric Facility 52 Psychiatric Facility Partial Hospitalization 53 Community Mental Health Center 54 Intermediate Care Facility/Mentally Retarded 55 Residential Substance Abuse Treatment Facility 56 Psychiatric Residential Treatment Center 60 Mass Immunization Center 61 Comprehensive Inpatient Rehabilitation Facility Comprehensive Outpatient Rehabilitation Facility 62 65 End Stage Renal Disease Treatment Facility 71 State or Local Public Health Clinic 72. Rural Health Clinic **Independent Laboratory** 81 99 Other Unlisted Facility ALIAS: Place of Service Code NSF Reference: FA0-07.0, GU0-05.0 INDUSTRY: Place of Service Code **Not Used** SV106 1365 **Service Type Code** O ID 1/2 Code identifying the classification of service C004 0 Situatio SV107 **Composite Diagnosis Code Pointer** To identify one or more diagnosis code pointers Required if HI segment in Loop ID-2300 is used. **ALIAS: Diagnosis Code Pointer** M N0 1/2 Required C00401 1328 **Diagnosis Code Pointer** A pointer to the claim diagnosis code in the order of importance to this service Use this pointer for the first diagnosis code pointer (primary diagnosis for this service line). Use remaining diagnosis pointers in declining level of importance to service line. Acceptable values are 1 through 8, inclusive. NSF Reference: FA0-14.0 INDUSTRY: Diagnosis Code Pointer Situatio C00402 1328 **Diagnosis Code Pointer** O N0 1/2 A pointer to the claim diagnosis code in the order of importance to this service Use this pointer for the second diagnosis code pointer. Required if the service relates to that specific diagnosis and is needed to substantiate the medical treatment. Acceptable values are 1 through 8, inclusive. NSF Reference: FA0-15.0 INDUSTRY: Diagnosis Code Pointer O N0 1/2 1328 Situatio C00403 **Diagnosis Code Pointer** 

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A pointer to the claim diagnosis code in the order of importance to this service Use this pointer for the third diagnosis code pointer.

Required if the service relates to that specific diagnosis and is needed to substantiate the medical treatment. Acceptable values are 1 through 8, inclusive.

NSF Reference: FA0-16.0

INDUSTRY: Diagnosis Code Pointer

Situatio C00404 1328 Diagnosis Code Pointer

O N0 1/2

A pointer to the claim diagnosis code in the order of importance to this service Use this pointer for the fourth diagnosis code pointer.

Required if the service relates to that specific diagnosis and is needed to substantiate the medical treatment. Acceptable values are 1 through 8, inclusive.

NSF Reference: FA0-17.0

INDUSTRY: Diagnosis Code Pointer

Not Used SV108 782 Monetary Amount O R 1/18

Monetary amount

Required SV109 1073 Yes/No Condition or Response Code O ID 1/1

Code indicating a Yes or No condition or response

ALIAS: Emergency Indicator

NSF Reference: FA0-20.0

**INDUSTRY:** Emergency Indicator

N No Y Yes

Not Used SV110 1340 Multiple Procedure Code O ID 1/2

Code indicating proper adjudication and payment determination in cases involving multiple surgical procedures during the same surgical session

Situatio SV111 1073 Yes/No Condition or Response Code O ID 1/

Code indicating a Yes or No condition or response

Required if Medicaid services are the result of a screening referral.

ALIAS: EPSDT Indicator

NSF Reference: FB0-22.0

INDUSTRY: EPSDT Indicator

Ye

Situatio SV112 1073 Yes/No Condition or Response Code O ID 1/1

Code indicating a Yes or No condition or response

Required if applicable for Medicaid claims.

ALIAS: Family Planning Indicator

NSF Reference: FB0-23.0

**INDUSTRY:** Family Planning Indicator

Y Yes

Not Used SV113 1364 Review Code O ID 1/2

Code identifying extenuating circumstances or justifications which might assist

Not Used	SV114	1341	any review of the medical necessity for this service  National or Local Assigned Review Value	0	AN 1/2
Not Oseu	34114	1341		_	
			Value assigned by national or local organizations for various elements	nean	incare data
Situatio	SV115	1327	Copay Status Code	O	ID 1/1
			Code indicating whether or not co-payment requirements wer	e me	
			line basis		
			Required if patient was exempt from co-pay.		
			ALIAS: Co-Pay Waiver		
			NSF Reference: FB0-21.0		
			INDUSTRY: Co-Pay Status Code		
			0 Copay exempt		
			No copayment is required of patient for	this s	service
Not Used	SV116	1334	Health Care Professional Shortage Area Code	o	ID 1/1
			Code identifying the Health Care Professional Shortage Area	Cod	e (HPSA)
Not Used	SV117	127	Reference Identification	0	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	SV118	116	Postal Code	O	ID 3/15
			Code defining international postal zone code excluding punct (zip code for United States)	uatio	n and blanks
Not Used	SV119	782	Monetary Amount	O	R 1/18
			Monetary amount		
Not Used	SV120	1337	Level of Care Code	O	<b>ID</b> 1/1
			Code specifying the level of care provided by a nursing home	e faci	lity
Not Used	SV121	1360	Provider Agreement Code	O	ID 1/1
			Code indicating the type of agreement under which the provi	der is	submitting

Segment: SV4 Prescription Number

**Position:** 385

**Loop:** 2400 Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

Purpose:

To specify the claim service detail for prescription drugs

Syntax Notes: Semantic Notes:

1 SV401 is a prescription number.

- 2 SV403 is a new or refill number. A value of zero indicates a new prescription, any other value is the refill number of an existing prescription.
- 3 SV404 is the generic indicator. A "Y" value indicates a generic drug; an "N" value indicates a branded drug.
- 4 SV408 is the drug name.
- 5 SV409 is the multisource indicator. A "Y" indicates drug is available from more than one manufacturer; an "N" value indicates drug is available from one manufacturer.
- **6** SV410 is the compound indicator. A "Y" indicates a compound drug; an "N" value indicates a noncompound drug. A "U" value indicates a nonspecified drug compound.

### **Comments:**

**Notes:** Required if dispense of the drug has been done with an assigned Rx number.

In cases where a compound drug is being billed, the components of the compound will all have the same prescription number. Payers receiving the claim can relate all the components by matching the prescription number.

Required	Ref. <u>Des.</u> SV401	Data <u>Element</u> 127	Name Reference Identification	<u>Attı</u> M	ributes AN 1/30		
requireu	5,101	121	Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier INDUSTRY: Prescription Number				
Not Used	SV402	C003	Composite Medical Procedure Identifier	O			
			To identify a medical procedure by its standardized codes and applicable modifiers				
Not Used	C00301	235	Product/Service ID Qualifier	M	<b>ID</b> 2/2		
			Code identifying the type/source of the descriptive number u Product/Service ID (234)	ised ii	1		
Not Used	C00302	234	Product/Service ID	M	AN 1/48		
			Identifying number for a product or service				
Not Used	C00303	1339	Procedure Modifier	O	AN 2/2		
			This identifies special circumstances related to the performand as defined by trading partners	nce of	the service,		
Not Used	C00304	1339	Procedure Modifier	O	AN 2/2		
			This identifies special circumstances related to the performand as defined by trading partners	nce of	the service,		
Not Used	C00305	1339	Procedure Modifier	O	AN 2/2		
			This identifies special circumstances related to the performand as defined by trading partners	nce of	the service,		
Not Used	C00306	1339	Procedure Modifier	O	AN 2/2		
			This identifies special circumstances related to the performand as defined by trading partners	nce of	the service,		
Not Used	C00307	352	Description	O	AN 1/80		
			A free-form description to clarify the related data elements a	nd the	eir content		
Not Used	SV403	127	Reference Identification	O	AN 1/30		
			Reference information as defined for a particular Transaction	n Set o	or as		
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DKAFI					
Not Used	SV404	1073	specified by the Reference Identification Qualifier Yes/No Condition or Response Code	o	ID 1/1
			Code indicating a Yes or No condition or response		
Not Used	SV405	1329	Dispense as Written Code	O	<b>ID</b> 1/1
			Code indicating whether or not the prescriber's instructions r substitution were followed	egard	ing generic
Not Used	SV406	1338	Level of Service Code	O	ID 1/3
			Code specifying the level of service rendered		
Not Used	SV407	1356	Prescription Origin Code	O	<b>ID</b> 1/1
			Code indicating the origin of a prescription		
Not Used	SV408	352	Description	O	AN 1/80
			A free-form description to clarify the related data elements a	nd the	eir content
Not Used	SV409	1073	Yes/No Condition or Response Code	O	<b>ID</b> 1/1
			Code indicating a Yes or No condition or response		
Not Used	SV410	1073	Yes/No Condition or Response Code	O	ID 1/1
			Code indicating a Yes or No condition or response		
Not Used	SV411	1370	Unit Dose Code	O	<b>ID</b> 1/1
			Code indicating the type of unit dose dispensing done		
Not Used	SV412	1319	<b>Basis of Cost Determination Code</b>	O	ID 1/2
			Code indicating the method by which the ingredient cost wa	s calc	ulated
Not Used	SV413	1320	<b>Basis of Days Supply Determination Code</b>	O	<b>ID</b> 1/1
			Code indicating the method by which the days supply was de	etermi	ned
Not Used	SV414	1330	Dosage Form Code	O	ID 2/2
			Code indicating the form in which the drug is dispensed		
Not Used	SV415	1327	Copay Status Code	O	<b>ID</b> 1/1
			Code indicating whether or not co-payment requirements we line basis	re me	t on a line by
Not Used	SV416	1384	Patient Location Code	O	<b>ID</b> 1/1
			Code identifying the location where patient is receiving med	ical tr	eatment
Not Used	SV417	1337	Level of Care Code	O	<b>ID</b> 1/1
			Code specifying the level of care provided by a nursing hom	e faci	lity
Not Used	SV418	1357	Prior Authorization Type Code	O	<b>ID</b> 1/1
			Code indicating the type of prior authorization or medical ce occurred	rtifica	tion that has

**Not Used** 

PWK07

352

**Description** 

DRAFT PWK DMERC CMN Indicator **Segment: Position:** 420 Loop: 2400 Optional (Must Use) Level: Detail Optional **Usage:** Max Use: **Purpose:** To identify the type or transmission or both of paperwork or supporting information **Syntax Notes:** If either PWK05 or PWK06 is present, then the other is required. **Semantic Notes: Comments:** 1 PWK05 and PWK06 may be used to identify the addressee by a code number. PWK07 may be used to indicate special information to be shown on the specified report. 3 PWK08 may be used to indicate action pertaining to a report. Notes: Required on Medicare claims when DMERC CMN is included in this claim. **Data Element Summary** Ref. Data Des. **Element** Name **Attributes** Required PWK01 755 **Report Type Code** M ID 2/2 Code indicating the title or contents of a document, report or supporting item ALIAS: DMERC Report Type Code INDUSTRY: Attachment Report Type Code Certification Required PWK02 756 **Report Transmission Code** O ID 1/2Code defining timing, transmission method or format by which reports are to ALIAS: Attachment Transmission Code NSF Reference: EA0-40.0 INDUSTRY: Attachment Transmission Code AB AD AF AG NS Not Specified Indicates that a report will be transmitted via a nonspecified medium NS = Paperwork is available on request at the provider's site. This means that the paperwork is not being sent with the claim at this time. Instead, it is available to the payer (or appropriate entity) at their request. Not Used 757 **Report Copies Needed** O N0 1/2 PWK03 The number of copies of a report that should be sent to the addressee 98 Not Used PWK04 **Entity Identifier Code** O ID 2/3 Code identifying an organizational entity, a physical location, property or an individual Not Used PWK05 66 **Identification Code Qualifier** X ID 1/2 Code designating the system/method of code structure used for Identification Code (67) Not Used PWK06 67 **Identification Code** X AN 2/80

A free-form description to clarify the related data elements and their content C002 **Actions Indicated Not Used** PWK08 P837V401 (004010X098) August 8, 2001 273

AN 1/80

Code identifying a party or other code

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			Actions to be performed on the piece of paperwork identified
Not Used	C00201	704	Paperwork/Report Action Code M ID 1/2
<b>N</b> I . <b>X</b> I . <b>X</b>	G00 <b>2</b> 02	<b>=</b> 0.4	Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required
Not Used	C00202	704	Paperwork/Report Action Code O ID 1/2
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required
Not Used	C00203	704	Paperwork/Report Action Code O ID 1/2
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required
Not Used	C00204	704	Paperwork/Report Action Code O ID 1/2
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required
Not Used	C00205	704	Paperwork/Report Action Code O ID 1/2
Not Used	PWK09	1525	Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required <b>Request Category Code</b> O ID 1/2
1101 0504	1 111107	1525	
			Code indicating a type of request

DRAFT								
	Segment:	CR1	Ambulance Transport Information					
	Position:	425						
	Loop:	2400	2400 Optional (Must Use)					
	Level:	Detail						
	Usage: Max Use:	Optional 1						
	Purpose:		y information related to the ambulance service rendered to a pa	atient				
	tax Notes:	1 If eit	ther CR101 or CR102 is present, then the other is required.					
<b>G</b>	4° - NT - 4		ther CR105 or CR106 is present, then the other is required.					
Seman	tic Notes:		02 is the weight of the patient at time of transport. 06 is the distance traveled during transport.					
			07 is the address of origin.					
			08 is the address of destination.					
			09 is the purpose for the round trip ambulance service.					
C	omments:	6 CR1	10 is the purpose for the usage of a stretcher during ambulance	serv	ice.			
0.	Notes:	Required	on all ambulance claims if the information is different than in	the C	CR1 at the			
			claim level (Loop ID-2300).					
			Data Element Summary					
	Ref.	Data	Data Element Summary					
	<u>Des.</u>	<b>Element</b>	<u>Name</u>		<u>ributes</u>			
Situatio	CR101	355	Unit or Basis for Measurement Code	. X	ID 2/2			
			Code specifying the units in which a value is being expressed which a measurement has been taken	i, or	manner in			
			Required if CR102 is present.					
			INDUSTRY: Unit or Basis for Measurement Code LB Pound					
Situatio	CR102	81	Weight	X	R 1/10			
Situatio	CRIOZ	01	Numeric value of weight	21	K 1/10			
			Required if it is necessary to justify the medical necessity of	the le	evel of			
			ambulance services.					
			ALIAS: Patient Weight					
			NSF Reference: GA0-05.0					
			INDUSTRY: Patient Weight					
Required	CR103	1316	Ambulance Transport Code	0	<b>ID</b> 1/1			
			Code indicating the type of ambulance transport					
			ALIAS: Ambulance transport code					
			NSF Reference: GA0-07.0					
			INDUSTRY: Ambulance Transport Code					
			I Initial Trip R Return Trip					
			T Transfer Trip					
			Ambulance from one facility to another					
			X Round Trip					
Required	CR104	1317	Ambulance Transport Reason Code	O	ID 1/1			
•			Code indicating the reason for ambulance transport					
			ALIAS: Ambulance Transport Reason Code					
			NSF Reference: GA0-15.0					

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				llance Transport Reason Code		
			A	Patient was transported to nearest facilit	y for	care of
			_	symptoms, complaints, or both		
			В	Patient was transported for the benefit o	f a pr	eferred
			C	physician	c c	*1
			С	Patient was transported for the nearness	or rai	mily
			D	members Patient was transported for the care of a	enec	ialist or for
			Ъ	availability of specialized equipment	spec	iansi or ioi
			Е	Patient Transferred to Rehabilitation Fa	cility	
Required	CR105	355	Unit or Basis for M		X	ID 2/2
Required	CKIOS	333		units in which a value is being expressed		
			which a measureme		1, 01 1	manner m
				or Basis for Measurement Code		
			DH	Miles		
Dogwinod	CR106	380		WHICS	X	R 1/15
Required	CKIOO	300	Quantity		Λ	K 1/15
			Numeric value of q			
				A0-50.0 is used only in Medicare payer-t	o-pay	er COB
			situations.			
			ALIAS: Transport I	Distance		
			NSF Reference: GA	A0-17.0, FA0-50.0		
			INDUSTRY: Trans	nort Distance		
Not Used	CR107	166	Address Informati	•	0	AN 1/55
- 100 - 200			Address information			
Not Used	CR108	166	Address Informati		O	AN 1/55
1100 0500	CILIUS	100	Address information		J	1111 1,00
Situatio	CR109	352	<b>Description</b>	••	O	AN 1/80
Situatio	CILIO	002	_	tion to clarify the related data elements ar	_	
			=			
			otherwise not used.	(Ambulance Transport Code) = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "	iu II	ıp,
			otherwise not used.			
			ALIAS: Transport p	purpose description		
			NSF Reference: GA	A0-20.0		
			INDUSTRY: Round	d Trip Purpose Description		
Situatio	CR110	352	Description	•	O	AN 1/80
			A free-form descrip	tion to clarify the related data elements ar	nd the	eir content
			Required if needed	to justify usage of stretcher.		
			ALIAS: Stretcher P	turpose Description		
			NSF Reference: GA	A0-21.0		
			INDUSTRY: Stretc	her Purpose Description		

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Segment: CR2 Spinal Manipulation Service Information

Position: 430

**Loop:** 2400 Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 5

Purpose: T

To supply information related to the chiropractic service rendered to a patient

**Syntax Notes:** 1 If either CR201 or CR202 is present, then the other is required.

If CR204 is present, then CR203 is required.

3 If either CR205 or CR206 is present, then the other is required.

**Semantic Notes:** 1 CR201 is the number this treatment is in the series.

2 CR202 is the total number of treatments in the series.

3 CR206 is the time period involved in the treatment series.

4 CR207 is the number of treatments rendered in the month of service.

**5** CR209 is complication indicator. A "Y" value indicates a complicated condition; an "N" value indicates an uncomplicated condition.

6 CR210 is a description of the patient's condition.

7 CR211 is an additional description of the patient's condition.

8 CR212 is X-rays availability indicator. A "Y" value indicates X-rays are maintained and available for carrier review; an "N" value indicates X-rays are not maintained

and available for carrier review.

Comments: 1 When both CR203 and CR204 are present, CR203 is the beginning level of

subluxation and CR204 is the ending level of subluxation.

**Notes:** Required on all claims involving spinal manipulation if information is different from

Loop-ID 2300 CR2 information. Such claims could originate with chiropractors, physical

therapists, DOs, and many other types of health care providers.

			Data Elemen	it Summary		
Required	Ref. <u>Des.</u> CR201	Data <u>Element</u> 609	Name Count Occurrence counter ALIAS: Treatment No	umber. Spinal Manipulation	Attı X	ributes N0 1/9
Required	CR202	380	NSF Reference: GCO- INDUSTRY: Treatmet Quantity Numeric value of qua ALIAS: Treatment Se	ent Series Number	X	R 1/15
Situatio	CR203	1367		ent Count  ode specific level of subluxation on is involved in claim.	X	ID 2/3
			C2 C2		e.	

C3	Cervical 3
	Adjustment of the third neck vertebrae
C4	Cervical 4
	Adjustment of the fourth neck vertebrae
C5	Cervical 5
	Adjustment of the fifth neck vertebrae
C6	Cervical 6
	Adjustment of the sixth neck vertebrae
C7	Cervical 7
	Adjustment of the seventh neck vertebrae
CO	Coccyx
	Adjustment of the caudal extremity of the vertebrae
IL	Ilium
	Adjustment of the expansive superior portion of the hip
L1	bone Lumbar 1
LI	Adjustment of the first vertebrae between the thorax and
	the pelvis
L2	Lumbar 2
	Adjustment of the second vertebrae between the thorax
	and the pelvis
L3	Lumbar 3
	Adjustment of the third vertebrae between the thorax and
L4	the pelvis Lumbar 4
Li	Adjustment of the fourth vertebrae between the thorax
	and the pelvis
L5	Lumbar 5
	Adjustment to the fifth vertebrae between the thorax and
0.0	the pelvis
OC	Occiput
C A	Adjustment of the back part of the neck
SA	Sacrum
	Adjustment of the triangular bone just below the lumbar vertebrae
T1	Thoracic 1
	Adjustment of the first vertebrae located between the
	neck and the respiratory diaphragm
T10	Thoracic 10
	Adjustment of the tenth vertebrae located between the
T11	neck and the respiratory diaphragm Thoracic 11
111	Adjustment of the eleventh vertebrae located between the
	neck and the respiratory diaphragm
T12	Thoracic 12
	Adjustment of the twelfth vertebrae located between the
	neck and the respiratory diaphragm
T2	Thoracic 2
	Adjustment of the second vertebrae located between the
Т3	neck and the respiratory diaphragm Thoracic 3
	Adjustment of the third vertebrae located between the
	neck and the respiratory diaphragm
T4	Thoracic 4
	Adjustment of the fourth vertebrae located between the

DRAFT				
			T5	neck and the respiratory diaphragm Thoracic 5
			The control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	Adjustment of the fifth vertebrae located between the neck and the respiratory diaphragm
			T6	Thoracic 6 Adjustment of the sixth vertebrae located between the
			T7	neck and the respiratory diaphragm Thoracic 7
				Adjustment of the seventh vertebrae located between the neck and the respiratory diaphragm
			Т8	Thoracic 8 Adjustment of the eighth vertebrae located between the
			Т9	neck and the respiratory diaphragm Thoracic 9
				Adjustment of the ninth vertebrae located between the neck and the respiratory diaphragm
Situatio	CR204	1367	Subluxation Level	Code O ID 2/3
			Code identifying th	ne specific level of subluxation
			Required if addition subluxation from C	nal subluxation is involved in claim to indicate a range (i.e., CR203 to CR204).
			ALIAS: Subluxation	on Level Code
			NSF Reference: GO	C0-08.0
			INDUSTRY: Sublu C1	exation Level Code Cervical 1
				Adjustment of the first neck vertebrae
			C2	Cervical 2
				Adjustment of the second neck vertebrae
			C3	Cervical 3
				Adjustment of the third neck vertebrae
			C4	Cervical 4
				Adjustment of the fourth neck vertebrae
			C5	Cervical 5
			C6	Adjustment of the fifth neck vertebrae Cervical 6
				Adjustment of the sixth neck vertebrae
			C7	Cervical 7
				Adjustment of the seventh neck vertebrae
			CO	Соссух
				Adjustment of the caudal extremity of the vertebrae
			IL	Ilium
				Adjustment of the expansive superior portion of the hip bone
			L1	Lumbar 1 Adjustment of the first vertebrae between the thorax and
			L2	the pelvis Lumbar 2
				Adjustment of the second vertebrae between the thorax and the pelvis
			L3	Lumbar 3 Adjustment of the third vertebrae between the thorax and
			Ι Δ	the pelvis

Lumbar 4

L4

DRAFT				
			L5	Adjustment of the fourth vertebrae between the thorax and the pelvis  Lumbar 5
			LJ	Adjustment to the fifth vertebrae between the thorax and
			OC	the pelvis Occiput
				Adjustment of the back part of the neck
			SA	Sacrum
				Adjustment of the triangular bone just below the lumbar vertebrae
			T1	Thoracic 1
			T10	Adjustment of the first vertebrae located between the neck and the respiratory diaphragm Thoracic 10
			T10	Adjustment of the tenth vertebrae located between the
			T11	neck and the respiratory diaphragm Thoracic 11
				Adjustment of the eleventh vertebrae located between the
			TT10	neck and the respiratory diaphragm
			T12	Thoracic 12 Adjustment of the twelfth vertebrae located between the
			T2	neck and the respiratory diaphragm Thoracic 2
				Adjustment of the second vertebrae located between the
			Т3	neck and the respiratory diaphragm Thoracic 3
			T4	Adjustment of the third vertebrae located between the neck and the respiratory diaphragm Thoracic 4
				Adjustment of the fourth vertebrae located between the
			T5	neck and the respiratory diaphragm Thoracic 5
			Т6	Adjustment of the fifth vertebrae located between the neck and the respiratory diaphragm Thoracic 6
			Т7	Adjustment of the sixth vertebrae located between the neck and the respiratory diaphragm Thoracic 7
			17	Adjustment of the seventh vertebrae located between the
			Т8	neck and the respiratory diaphragm Thoracic 8
			Т9	Adjustment of the eighth vertebrae located between the neck and the respiratory diaphragm Thoracic 9
			1)	Adjustment of the ninth vertebrae located between the neck and the respiratory diaphragm
Required	CR205	355	Unit or Basis for I	Measurement Code X ID 2/2
			which a measurem	
			DA	or Basis for Measurement Code
			MO	Days Months
			WK	Week
			YR	Years
Required	CR206	380	Quantity	X R 1/15
-			Numeric value of o	quantity
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ALIAS:	Treatment Series	Period. S <sub>1</sub>	pinal Ma	inipulation
--------	------------------	------------------------	----------	-------------

NSF Reference: GC0-09.0

**INDUSTRY: Treatment Period Count** 

Required CR207 380 Quantity O R 1/15

Numeric value of quantity

ALIAS: Treatment Number in Month. Spinal Manipulation

NSF Reference: GC0-10.0

**INDUSTRY: Monthly Treatment Count** 

Required CR208 1342 Nature of Condition Code O ID 1/1

Code indicating the nature of a patient's condition ALIAS: Nature of Condition Code. Spinal Manipulation

NSF Reference: GC0-11.0

INDUSTRY: Patient Condition Code

A Acute Condition

A disease of rapid onset, severe symptoms, and brief

duration

C Chronic Condition

A disease of long duration involving very slow changes; such a disease is often of gradual onset; the term does not

imply anything about the severity of the disease

D Non-acute

E Non-Life Threatening

F Routine
G Symptomatic

M Acute Manifestation of a Chronic Condition

A disease of long duration interrupted by a rapid onset of

severe symptoms of brief duration

Required CR209 1073 Yes/No Condition or Response Code O ID 1/1

Code indicating a Yes or No condition or response

ALIAS: Complication Indicator. Spinal Manipulation

NSF Reference: GC0-13.0

**INDUSTRY: Complication Indicator** 

N No Y Yes

Situatio CR210 352 Description O AN 1/80

A free-form description to clarify the related data elements and their content

Used at discretion of submitter.

ALIAS: Patient Condition Description, Chiropractic

NSF Reference: GC0-14.0

INDUSTRY: Patient Condition Description

Situatio CR211 352 Description O AN 1/80

A free-form description to clarify the related data elements and their content Used at discretion of submitter.

ALIAS: Patient Condition Description, Chiropractic

NSF Reference: GC0-14.0

Required CR212 1073 INDUSTRY: Patient Condition Description
Yes/No Condition or Response Code

C-1- indication of Response Code

O ID 1/1

Code indicating a Yes or No condition or response ALIAS: X-ray Availability Indicator, Chiropractic

NSF Reference: GC0-15.0

INDUSTRY: X-ray Availability Indicator

N No Y Yes Segment:  $\mathbb{C}\mathbf{R}\mathbf{3}$  Durable Medical Equipment Certification

**Position:** 435

**Loop:** 2400 Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To supply information regarding a physician's certification for durable medical

equipment

**Syntax Notes:** 1 If either CR302 or CR303 is present, then the other is required.

**Semantic Notes:** 1 CR302 and CR303 specify the time period covered by this certification.

2 CR305 is the prognosis of the patient.

**Comments:** 

**Notes:** Required if it is necessary to include supporting documentation in an electronic form for

Medicare DMERC claims for which the provider is required to obtain a certificate of

medical necessity (CMN) from the physician.

	Ref. Des.	Data <u>Element</u>	Name	<u>Attr</u>	<u>ributes</u>	
Required	CR301	1322	Certification Type Code	O	ID 1/1	
			Code indicating the type of certification			
			NSF Reference: GU0-04.0			
			INDUSTRY: Certification Type Code			
			I Initial			
			R Renewal			
			S Revised			
Required	CR302	355	Unit or Basis for Measurement Code	$\mathbf{X}$	ID 2/2	
			Code specifying the units in which a value is being expressed which a measurement has been taken INDUSTRY: Unit or Basis for Measurement Code MO Months	l, or n	manner in	
Required	CR303	380	Quantity	X	R 1/15	
<b>1</b>			Numeric value of quantity			
			Length of time DME equipment is needed.			
			ALIAS: DME Duration			
			NSF Reference: GU0-21.0			
			INDUSTRY: Durable Medical Equipment Duration			
Not Used	CR304	1335	Insulin Dependent Code	O	ID 1/1	
			Code indicating the condition that demonstrates insulin dependent	ndenc	e	
Not Used	CR305	352	Description	O	AN 1/80	
			A free-form description to clarify the related data elements and their content			

Not Used

**Not Used** 

**CR507** 

**CR508** 

380

380

 ${
m CR5}\,$  Home Oxygen Therapy Information **Segment: Position:** 445 Loop: 2400 Optional (Must Use) Level: Detail **Usage:** Optional Max Use: **Purpose:** To supply information regarding certification of medical necessity for home oxygen **Syntax Notes: Semantic Notes:** 1 CR502 is the number of months covered by this certification. CR505 is the reason for equipment. CR506 is the oxygen flow rate in liters per minute. 4 CR507 is the number of times per day the patient must use oxygen. CR508 is the number of hours per period of oxygen use. CR509 is the special orders for the respiratory therapist. 7 CR510 is the arterial blood gas. CR511 is the oxygen saturation. CR516 is the oxygen flow rate for a portable oxygen system in liters per minute. **Comments: Notes:** Required on all initial, renewal, and revision home oxygen therapy claims. **Data Element Summary** Ref. Data Des. **Element** Name **Attributes** CR501 1322 Required **Certification Type Code** O ID 1/1 Code indicating the type of certification ALIAS: Certification Type Code. Oxygen Therapy NSF Reference: GX0-04.0 INDUSTRY: Certification Type Code Ι Initial R Renewal S Revised Required CR502 380 O R 1/15 Quantity Numeric value of quantity ALIAS: Certification Period, Home Oxygen Therapy NSF Reference: GX0-06.0 **INDUSTRY: Treatment Period Count** Not Used CR503 1348 Oxygen Equipment Type Code O ID 1/1 Code indicating the specific type of equipment being prescribed for the delivery of oxygen Not Used CR504 1348 O ID 1/1 Oxygen Equipment Type Code Code indicating the specific type of equipment being prescribed for the delivery of oxygen 352 **Not Used CR505** O AN 1/80 **Description** A free-form description to clarify the related data elements and their content Not Used 380 **CR506** Quantity O R 1/15

 Not Used
 CR509
 352
 Description
 O AN 1/80

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O R 1/15

R 1/15

Numeric value of quantity

Numeric value of quantity

Numeric value of quantity

Quantity

Quantity

Situatio	CR510	380	A free-form description to clarify the related data elements and their content <b>Quantity</b> O R 1/15  Numeric value of quantity  Either CR510 or CR511 is required.		
			Required on claims which report arterial blood gas.		
			ALIAS: Arterial Blood Gas		
			NSF Reference: GX0-22.0		
Situatio	CR511	380	INDUSTRY: Arterial Blood Gas Quantity Quantity OR 1/15  Numeric value of quantity Either CR510 or CR511 is required.		
			Required on claims which report oxygen saturation quantity.		
			ALIAS: Oxygen Saturation		
			NSF Reference: GX0-23.0		
Required	CR512	1349	INDUSTRY: Oxygen Saturation Quantity Oxygen Test Condition Code O ID 1/1 Code indicating the conditions under which a patient was tested ALIAS: Oxygen test condition code  NSF Reference: GX0-26.0		
Situatio	CR513	1350	INDUSTRY: Oxygen Test Condition Code  E Exercising  R At rest on room air  S Sleeping  Oxygen Test Findings Code O ID 1/1  Code indicating the findings of oxygen tests performed on a patient  Required if patient's arterial PO <v>2 is greater than 55 mmHg and less than 60</v>		
			mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate.  ALIAS: Oxygen test finding code  NSF Reference: GX0-27.0  INDUSTRY: Oxygen Test Findings Code  1 Dependent edema suggesting congestive heart failure		
Situatio	CR514				
			ALIAS: Oxygen test finding code		
			NSF Reference: GX0-27.0		
			INDUSTRY: Oxygen Test Findings Code 2 "P" Pulmonale on Electrocardiogram (EKG)		

DRAFT							
Situatio	Situatio CR515 1350		Oxygen Test Findings Code		ID 1/1		
			Code indicating the findings of oxygen tests performed on a	Code indicating the findings of oxygen tests performed on a patient			
			Required if patient's arterial PO <v>2 is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate.</v>				
			ALIAS: Oxygen test finding code				
			NSF Reference: GX0-27.0				
			INDUSTRY: Oxygen Test Findings Code				
			3 Erythrocythemia with a hematocrit greater than 56 percent				
Not Used	CR516	380	Quantity	O	R 1/15		
			Numeric value of quantity				
Not Used	CR517	1382	Oxygen Delivery System Code	O	ID 1/1		
			Code to indicate if a particular form of delivery was prescrib	ed			
Not Used	CR518	1348	Oxygen Equipment Type Code	O	ID 1/1		
			Code indicating the specific type of equipment being prescridelivery of oxygen	bed f	or the		

Segment: CRC Ambulance Certification

**Position:** 450

**Loop:** 2400 Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 3

**Purpose:** To supply information on conditions

Syntax Notes:

**Semantic Notes:** 1 CRC01 qualifies CRC03 through CRC07.

2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.

**Comments:** 

**Notes:** The maximum number of CRC segments which can occur per 2400 loop is 3. Submitters are free to mix and match the three types of service line level CRC segments shown in

this implementation guide to meet their billing/reporting needs but no more than a total

of 3 CRC segments per 2400 loop are allowed.

Required on all service lines which bill/report ambulance services if the information is different when CRC01=07 in Loop ID-2300.

Data Element Summary						
	Ref. Des.	Data Element	Name		Attr	<u>ributes</u>
Required	CRC01	1136	Code Category		M	ID 2/2
			Specifies the situation	on or category to which the code applies		
			INDUSTRY: Code	Category		
			07	Ambulance Certification		
Required	CRC02	1073	Yes/No Condition	or Response Code	M	<b>ID</b> 1/1
			Code indicating a Y	es or No condition or response		
			ALIAS: Certificatio	n Condition Code, Ambulance Certification	on	
			INDUSTRY: Certifi	ication Condition Indicator		
			N	No		
			Y	Yes		
Required	CRC03	1321	<b>Condition Indicato</b>		M	ID 2/2
			Code indicating a co	ondition		
			The codes for CRC03 also can be used for CRC04 through CRC07.			
			ALIAS: Condition I	ndicator		
			INDUSTRY: Condition Code			
			01	Patient was admitted to a hospital		
				GA0-06.0		
			02	Patient was bed confined before the amb	oulan	ce service
				GA0-08.0		
			03	Patient was bed confined after the ambu	lance	service
				GA0-09.0		
			04	Patient was moved by stretcher		
				GA0-10.0		
			05	Patient was unconscious or in shock		
				GA0-11.0		
			06	Patient was transported in an emergency	situa	ation
				GA0-12.0		

Patient had to be physically restrained

07

DKAFI				GA0-13.0		
			08	Patient had visible hemorrhaging		
			00	GA0-14.0		
			09	Ambulance service was medically neces	ssarv	
				GA0-16.0	J	
			60	Transportation Was To the Nearest Fac	ilitv	
				GA0-24.0		
Situatio	CRC04	1321	Condition Indica		o	ID 2/2
			Code indicating a	condition		
				onal condition codes are needed.		
			_			
			Use the codes list	ed in CRC03.		
			AT TAC. C 4141	I 1		
			ALIAS: Condition	a Indicator		
			INDUSTRY: Con	ndition Code		
Situatio	CRC05	1321	<b>Condition Indica</b>		O	ID 2/2
			Code indicating a	condition		
			Required if additi	onal condition codes are needed.		
			Use the codes list	ed in CRC03.		
			ALIAS: Condition	n Indicator		
			INDUSTRY: Con	ndition Code		
Situatio	CRC06	1321	<b>Condition Indica</b>	tor	O	ID 2/2
			Code indicating a	condition		
			Required if additi	onal condition codes are needed.		
			Use the codes list	ed in CRC03.		
			ALIAS: Condition	n Indicator		
			INDUSTRY: Con	ndition Code		
Situatio	CRC07	1321	<b>Condition Indica</b>		O	ID 2/2
			Code indicating a	condition		
			Required if additi	onal condition codes are needed.		
			Use the codes list	ed in CRC03.		
			ALIAS: Condition	a Indicator		
			INDUSTRY: Con	ndition Code		

Segment: CRC Hospice Employee Indicator

**Position:** 450

**Loop:** 2400 Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To supply infor

Syntax Notes: Semantic Notes: To supply information on conditions

1 CRC01 qualifies CRC03 through CRC07.

2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.

**Comments:** 

**Notes:** The example shows the method used to indicate whether the rendering provider is an

employee of the hospice.

The maximum number of CRC segments which can occur per 2400 loop is 3. Submitters are free to mix and match the three types of service line level CRC segments shown in this implementation guide to meet their billing/reporting needs but no more than a total of 3 CRC segments per 2400 loop are allowed.

Required on all Medicare claims involving physician services to hospice patients.

			Data Elem	ent Summary		
	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>		Att	<u>ributes</u>
Required	CRC01	1136	<b>Code Category</b>		$\mathbf{M}$	ID 2/2
			Specifies the situati	on or category to which the code applies		
			INDUSTRY: Code	Category		
			70	Hospice		
Required	CRC02	1073	Yes/No Condition	or Response Code	$\mathbf{M}$	ID 1/1
_				es or No condition or response		
			•	tes the provider is employed by the hospi	ce. A	"N" value
				er is not employed by the hospice.		
			ALIAS: Hospice En	mployee Indicator		
			NSF Reference: FA	.0-40.0		
			INDUSTRY: Hospi	ice Employed Provider Indicator		
			N	No		
			Y	Yes		
Required	CRC03	1321	<b>Condition Indicate</b>	or	$\mathbf{M}$	ID 2/2
			Code indicating a c	ondition		
			INDUSTRY: Condi	ition Indicator		
			65	Open		
				Use this code as a place holder (element when reporting whether the provider is employee.		•
Not Used	CRC04	1321	<b>Condition Indicate</b>	ž •	O	ID 2/2
			Code indicating a c			
Not Used	CRC05	1321	Condition Indicate		o	ID 2/2
			Code indicating a c	ondition		
Not Used	CRC06	1321	Condition Indicate		0	ID 2/2
			Code indicating a c	ondition		
Not Used	CRC07	1321	Condition Indicate		0	ID 2/2
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						-

Code indicating a condition

CRC DMERC Condition Indicator **Segment:** 

**Position:** 450

> 2400 Loop: Optional (Must Use)

Level: Detail **Usage:** Optional Max Use:

**Purpose:** 

To supply information on conditions

**Syntax Notes: Semantic Notes:** 

CRC01 qualifies CRC03 through CRC07.

CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.

**Comments:** 

**Notes:** Required on all oxygen therapy and DME claims that require a certificate of medical necessity (CMN).

> The maximum number of CRC segments which can occur per 2400 loop is 3. Submitters are free to mix and match the three types of service line level CRC segments shown in this implementation guide to meet their billing/reporting needs but no more than a total of 3 CRC segments per 2400 loop are allowed.

The first example shows a case where an item billed was not a replacement item.

#### **Data Element Summary**

	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>		Attı	<u>ributes</u>
Required	CRC01	1136	<b>Code Category</b>		M	ID 2/2
			Specifies the situ	ation or category to which the code applies		
			INDUSTRY: Co	de Category		
			09	Durable Medical Equipment Certificati	on	
				Prescription describing the need for dur equipment; usually included are the dia estimated duration of need		
			11	Oxygen Therapy Certification		
Required	CRC02	1073	Yes/No Condition	on or Response Code	$\mathbf{M}$	<b>ID</b> 1/1
			Code indicating a	a Yes or No condition or response		
			ALIAS: Certifica	ation Condition Code Applies Indicator		
			INDUSTRY: Cer	rtification Condition Indicator		
			N	No		
			Y	Yes		
Required	CRC03	1321	<b>Condition Indica</b>	ator	$\mathbf{M}$	ID 2/2
			Code indicating	a condition		

Use "P1" (GX0-20.0) to answer the Medicare Oxygen CMN question: "The test was performed either with the patient in a chronic stable state as an outpatient or within two days prior to discharge from an inpatient facility to home."

Code ZV was approved by ASC X12 in the version 004011 Data Dictionary but is included in this guide to provide standard way to report DMERC claims within the HIPAA implementation time frame. It is recommended that entities who have a need to submit or receive DMERC claims customize their 004010 translator map to allow this exception code.

**ALIAS: Condition Indicator** 

**INDUSTRY: Condition Indicator** 

DRAFT	37
	38

Oxygen delivery equipment is stationary

GX0-05.0

Certification signed by the physician is on file at the

supplier's office GX0-35.0 GU0-24.0

AL Ambulation Limitations

GX0-05.0

P1 Patient was Discharged from the First Facility

GX0-20.0

ZV

GU0-06.0

Situatio CRC04

1321 Condition Indicator

O ID 2/2

Code indicating a condition

Required if additional condition codes are needed.

Use the codes listed in CRC03.

ALIAS: Condition Indicator

**INDUSTRY:** Condition Indicator

Situatio CRC05 1321

Condition Indicator

O ID 2/2

Code indicating a condition

Required if additional condition codes are needed.

Use the codes listed in CRC03.

ALIAS: Condition Indicator

1321

INDUSTRY: Condition Indicator

Situatio CRC06

**Condition Indicator** 

O ID 2/2

Code indicating a condition

Required if additional condition codes are needed.

Use the codes listed in CRC03.

**ALIAS: Condition Indicator** 

1321

INDUSTRY: Condition Indicator

Situatio CRC07

**Condition Indicator** 

O ID 2/2

Code indicating a condition

Required if additional condition codes are needed.

Use the codes listed in CRC03.

ALIAS: Condition Indicator

INDUSTRY: Condition Indicator

DTP Date - Service Date **Segment:** 

**Position:** 455

> 2400 Loop: Optional (Must Use)

Level: Detail

**Usage:** Optional (Must Use)

Max Use:

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes: Semantic Notes:** 

DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

Notes: The total number of DTP segments in the 2400 loop cannot exceed 15.

> In cases where a drug is being billed on a service line, the Date of Service DTP may be used to indicate the range of dates through which the drug will be used by the patient. Use RD8 for this purpose.

In cases where a drug is being billed on a service line, the Date of Service DTP is used to indicate the date the prescription was written (or otherwise communicated by the prescriber if not written).

#### **Data Element Summary**

	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>		<b>Attributes</b>
Required	DTP01	374	Date/Time Qualif	ier	M ID 3/3
			Code specifying ty	pe of date or time, or both date and time	
			INDUSTRY: Date	Time Qualifier	
			472	Service	
				Begin and end dates of the service bein	g rendered
				Use RD8 in DTP02 to indicate begin/ea	nd or from/to
				dates.	
Required	DTP02	1250	<b>Date Time Period</b>	Format Qualifier	M ID 2/3

Code indicating the date format, time format, or date and time format

INDUSTRY: Date Time Period Format Qualifier

D8 Date Expressed in Format CCYYMMDD

RD8 Range of Dates Expressed in Format CCYYMMDD-

**CCYYMMDD** 

A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and

the second occurrence is the ending date

the first dose is used on 1/1/00.

Use RD8 if it is necessary to indicate begin/end dates. Date range indicates drug duration for which the supply of drug be will used by the patient. The difference in dates, including both the begin and end dates, are the days supply of the drug. Example: 20000101 - 20000107 (1/1/00 to 1/7/00) is used for a 7 day supply where the first day of the drug used by the patient is 1/1/00. In the event a drug is administered on less than a daily basis (e.g., every other day) the date range would include the entire period during which the drug was supplied, including the last day the drug was used. Example: 20000101 - 20000108 (1/1/00 to 1/8/00) is used for an 8 days supply where the prescription is written for Q48 (every 48 hours), four doses of the drug are dispensed and

Required DTP03 1251 Date Time Period M AN 1/35

Expression of a date, a time, or range of dates, times or dates and times

NSF Reference: FA0-05.0, FA0-06.0

INDUSTRY: Service Date

 ${f DTP}$  Date - Certification Revision Date **Segment:** 

**Position:** 455

2400 Optional (Must Use) Loop:

Level: Detail Usage: Optional Max Use:

To specify any or all of a date, a time, or a time period **Purpose:** 

**Syntax Notes:** 

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required if CR301 (DMERC Certification) = "R" or "S".

The total number of DTP segments in the 2400 loop cannot exceed 15.

# **Data Element Summary**

Required	Ref. <u>Des.</u> DTP01	Data Element 374	<u>Name</u> Date/Time Qualifie	r	Attr M	ibutes ID 3/3
			Code specifying type	e of date or time, or both date and time		
			INDUSTRY: Date T	ime Qualifier		
			607	Certification Revision		
Required	DTP02	1250	Date Time Period I	Format Qualifier	$\mathbf{M}$	ID 2/3
			Code indicating the	date format, time format, or date and time	forn	nat
			INDUSTRY: Date T	ime Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMD	D	
Required	DTP03	1251	<b>Date Time Period</b>		$\mathbf{M}$	AN 1/35
			Expression of a date	, a time, or range of dates, times or dates	and t	imes

NSF Reference: GU0-20.0, GX0-11.0

INDUSTRY: Certification Revision Date

Segment: DTP Date - Referral Date

**Position:** 455

**Loop:** 2400 Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required when service line includes a referral.

The total number of DTP segments in the 2400 loop cannot exceed 15.

	Ref.	Data	Data E	tement Summary		
Required	Des. DTP01	Element 374	<u>Name</u> Date/Time Qua	lifier	Attr M	ributes ID 3/3
			Code specifying	type of date or time, or both date and time		
			INDUSTRY: Da	ate Time Qualifier		
			330	Referral Date		
				The date when an educational official or recommends that a student be evaluated a special education or other program		
Required	DTP02	1250	Date Time Peri	od Format Qualifier	$\mathbf{M}$	ID 2/3
			Code indicating	the date format, time format, or date and tim	ie forn	nat
			INDUSTRY: Da	ate Time Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMD	D	
Required	DTP03	1251	Date Time Peri	od	$\mathbf{M}$	AN 1/35
			Expression of a INDUSTRY: Re	date, a time, or range of dates, times or dates eferral Date	s and t	imes

Segment: DTP Date - Begin Therapy Date

**Position:** 455

**Loop:** 2400 Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required if it is necessary to include supporting documentation in an electronic form for

Medicare DMERC claims for which the provider is required to obtain a certificate of

medical necessity (CMN) from the physician.

The total number of DTP segments in the 2400 loop cannot exceed 15.

	D e	D 4	Data Element Summary		
	Ref. Des.	Data Element	Name	A 442	ibutes
Required	DES. DTP01	374	Date/Time Qualifier	M	ID 3/3
Kequireu	DIIUI	3/4	-		ID 3/3
			Code specifying type of date or time, or both date and time	le	
			INDUSTRY: Date Time Qualifier		
			463 Begin Therapy		
			Date treatment of physical or mental	disorder	started
Required	DTP02	1250	Date Time Period Format Qualifier	$\mathbf{M}$	ID 2/3
			Code indicating the date format, time format, or date and	time forn	nat
			INDUSTRY: Date Time Period Format Qualifier		
			D8 Date Expressed in Format CCYYMN	MDD	
Required	DTP03	1251	Date Time Period	$\mathbf{M}$	AN 1/35
			Expression of a date, a time, or range of dates, times or da	ites and t	times
			NSF Reference: GU0-19.0, GX0-10.0		
			INDUSTRY: Begin Therapy Date		

Segment: DTP Date - Last Certification Date

**Position:** 455

**Loop:** 2400 Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required if it is necessary to include supporting documentation in an electronic form for

Medicare DMERC claims for which the provider is required to obtain a certificate of

medical necessity (CMN) from the physician.

Required on oxygen therapy certificates of medical necessity (CMN). This is the date the

ordering physician signed the CMN.

The total number of DTP segments in the 2400 loop cannot exceed 15.

## **Data Element Summary**

	Ref. Des.	Data Element	Name	Attributes
Required	DTP01	374	Date/Time Qualifier	M ID 3/3
			Code specifying type of date or time, or both date and time	me
			INDUSTRY: Date Time Qualifier	
			461 Last Certification	
			Date of the most recent document a	ttesting to a fact
Required	DTP02	1250	Date Time Period Format Qualifier	M ID 2/3
			Code indicating the date format, time format, or date and	l time format
			INDUSTRY: Date Time Period Format Qualifier	
			D8 Date Expressed in Format CCYYM	IMDD
Required	DTP03	1251	<b>Date Time Period</b>	M AN 1/35
			Expression of a date, a time, or range of dates, times or o	dates and times
			NSF Reference: GX0-11.0, GU0-22.0	

NSF Reference: GX0-11.0, GU0-22.0

INDUSTRY: Last Certification Date

Segment: **DTP** Date - Order Date

**Position:** 455

**Loop:** 2400 Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required when service line includes an order for services or supplies.

The total number of DTP segments in the 2400 loop cannot exceed 15.

	Ref.	Data	Data Element Summary		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>
Required	DTP01	374	Date/Time Qualifier	M	ID 3/3
			Code specifying type of date or time, or both date and	time	
			INDUSTRY: Date Time Qualifier		
			938 Order		
Required	DTP02	1250	Date Time Period Format Qualifier	M	ID 2/3
			Code indicating the date format, time format, or date as	nd time forn	nat
			INDUSTRY: Date Time Period Format Qualifier		
			D8 Date Expressed in Format CCYY	MMDD	
Required	DTP03	1251	<b>Date Time Period</b>	M	AN 1/35
			Expression of a date, a time, or range of dates, times or	r dates and t	imes
			INDUSTRY: Order Date		

Segment: DTP Date - Date Last Seen

**Position:** 455

**Loop:** 2400 Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

Purpose: T

To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

Notes: Required when claim is from an independent physical therapist, occupational therapist, or

physician providing routine footcare if the date last seen by an attending or supervising

physician is different from that listed at the claim level (Loop ID-2300).

The total number of DTP segments in the 2400 loop cannot exceed 15.

			Data Elem	ent Summary		
	Ref.	Data				
	<u>Des.</u>	<u>Element</u>	<u>Name</u>		<u>Attr</u>	<u>ributes</u>
Required	DTP01	374	Date/Time Qualific	er	M	ID $3/3$
			Code specifying typ	be of date or time, or both date and time		
			INDUSTRY: Date	Гime Qualifier		
			304	Latest Visit or Consultation		
				Date subscriber or dependent last visited with a physician	d or c	onsulted
Required	DTP02	1250	Date Time Period	Format Qualifier	M	ID 2/3
			Code indicating the	date format, time format, or date and time	e forn	nat
			INDUSTRY: Date	Гime Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMD	D	
Required	DTP03	1251	<b>Date Time Period</b>		$\mathbf{M}$	AN 1/35
			Expression of a date	e, a time, or range of dates, times or dates	and t	imes
			NSF Reference: EA	.0-48.0		
			INDUSTRY: Last S	Seen Date		

Segment: **DTP** Date - Test

**Position:** 455

**Loop:** 2400 Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 2

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required on initial EPO claims service lines where test results are being billed/reported.

The total number of DTP segments in the 2400 loop cannot exceed 15.

			Data Elem	ent Summary		
	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>		Attr	<u>ibutes</u>
Required	DTP01	374	Date/Time Qualific	er	$\mathbf{M}$	ID 3/3
			Code specifying typ	be of date or time, or both date and time		
			INDUSTRY: Date	Time Qualifier		
			738	Most Recent Hemoglobin or Hematocri	t or B	oth
			739	Most Recent Serum Creatine		
Required	DTP02	1250	<b>Date Time Period</b>	Format Qualifier	$\mathbf{M}$	ID 2/3
			Code indicating the	date format, time format, or date and time	e forn	nat
			INDUSTRY: Date	Time Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMD	D	
Required	DTP03	1251	<b>Date Time Period</b>		$\mathbf{M}$	AN 1/35
			Expression of a date	e, a time, or range of dates, times or dates	and t	times
			NSF Reference: FA	.0-41.0, FA0-46.0		
			INDUSTRY: Test I	Performed Date		

Segment:  ${f DTP}$  Date - Oxygen Saturation/Arterial Blood Gas Test

**Position:** 455

**Loop:** 2400 Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 3

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:** 

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required on initial oxygen therapy service line(s) involving certificate of medical

necessity (CMN).

The total number of DTP segments in the 2400 loop cannot exceed 15.

# **Data Element Summary**

			Data Eleli	ient Summai y		
	Ref.	Data				
	Des.	<u>Element</u>	<u>Name</u>		<u>Attr</u>	<u>ibutes</u>
Required	DTP01	374	Date/Time Qualifi	ier	$\mathbf{M}$	ID 3/3
			Code specifying ty	pe of date or time, or both date and time		
			INDUSTRY: Date	Time Qualifier		
			119	Test Performed		
			480	Use for any 4 liter/minute test date. Residate are reported in MEA03 using eithe qualifiers in MEA02.  Arterial Blood Gas Test		
			Date of test to determine gas content in blood circulating from the heart, at rest, breathing room air  Do not use to report any 4 liter/minute test date. Results for the arterial blood gas test are reported in CR510.  Oxygen Saturation Test			
				Date on which oxygen saturation testing	g occu	ırred
Required	DTP02	1250	Date Time Period	Do not use to report any 4 liter/minute for the oxygen saturation test are report <b>Format Oualifier</b>		
<b>1</b>				e date format, time format, or date and time	o forn	
					ie ioiii	nai
				Time Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMD	)D	
Required	DTP03	1251	<b>Date Time Period</b>		$\mathbf{M}$	AN 1/35
			Expression of a dat	e, a time, or range of dates, times or dates	s and t	imes
			NSF Reference: G2	X0-19.0. GX0-24.0		

INDUSTRY: Oxygen Saturation Test Date

Segment: DTP Date - Shipped

**Position:** 455

**Loop:** 2400 Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify any or all of a date, a time, or a time period

Syntax Notes:

Syntax Notes:
Semantic Notes:

1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required when billing/reporting shipped products.

The total number of DTP segments in the 2400 loop cannot exceed 15.

	Ref.	Data	Data Element Summary				
	Des.	<b>Element</b>	<u>Name</u>	Attı	<u>ributes</u>		
Required	DTP01	374	Date/Time Qualifier	$\mathbf{M}$	ID 3/3		
			Code specifying type of date or time, or both date and time	e			
			INDUSTRY: Date Time Qualifier				
			O11 Shipped				
Required	DTP02	1250	Date Time Period Format Qualifier	$\mathbf{M}$	ID 2/3		
			Code indicating the date format, time format, or date and time format				
			INDUSTRY: Date Time Period Format Qualifier				
			D8 Date Expressed in Format CCYYMN	ИDD			
Required	DTP03	1251	Date Time Period	$\mathbf{M}$	AN 1/35		
			Expression of a date, a time, or range of dates, times or dates and times INDUSTRY: Shipped Date				

Segment:  ${f DTP}$  Date - Onset of Current Symptom/Illness

**Position:** 455

**Loop:** 2400 Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required if different from that entered at claim level (Loop ID-2300).

Required on claims involving services to a patient experiencing symptoms similar or

identical to previously reported symptoms.

The total number of DTP segments in the 2400 loop cannot exceed 15.

	Ref.	Data		,			
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ributes</u>		
Required	DTP01	374	Date/Time Qualifier	$\mathbf{M}$	ID 3/3		
			Code specifying type of date or time, or both date and time				
			INDUSTRY: Date Time Qualifie	INDUSTRY: Date Time Qualifier			
			431 Onset of Cu	rrent Symptoms or Illness			
			Date first sy	mptoms appeared			
Required	DTP02	1250	<b>Date Time Period Format Qual</b>	ifier M	ID 2/3		
			Code indicating the date format, t	ime format, or date and time form	nat		
			INDUSTRY: Date Time Period F	Format Qualifier			
			D8 Date Expres	sed in Format CCYYMMDD			
Required	DTP03	1251	<b>Date Time Period</b>	$\mathbf{M}$	AN 1/35		
			Expression of a date, a time, or range of dates, times or dates and times				
			NSF Reference: EA0-07.0, EA0-	16.0			
			INDUSTRY: Onset Date				

Segment: DTP Date - Last X-ray

**Position:** 455

**Loop:** 2400 Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

Notes: Required for spinal manipulation certifications if different than information at claim level

(Loop ID-2300).

The total number of DTP segments in the 2400 loop cannot exceed 15.

## **Data Element Summary**

	Ref. Des.	Data Element	Name	Attr	ributes
Required	DTP01	374	Date/Time Qualifier	M	ID 3/3
			Code specifying type of date or time, or both date and ti	me	
			INDUSTRY: Date Time Qualifier		
			455 Last X-Ray		
			Date of the most recent x-ray		
Required	DTP02	1250	<b>Date Time Period Format Qualifier</b>	M	ID 2/3
			Code indicating the date format, time format, or date and	d time forn	nat
			INDUSTRY: Date Time Period Format Qualifier		
			D8 Date Expressed in Format CCYYN	<b>IMDD</b>	
Required	DTP03	1251	<b>Date Time Period</b>	M	AN 1/35
			Expression of a date, a time, or range of dates, times or	dates and t	imes
			NSF Reference: GC0-06.0		

INDUSTRY: Last X-Ray Date

Segment: DTP Date - Acute Manifestation

**Position:** 455

**Loop:** 2400 Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

Notes: Required for spinal manipulation certifications if different than information at claim level

(Loop ID-2300).

The total number of DTP segments in the 2400 loop cannot exceed 15.

## **Data Element Summary**

			Data Licin	cht Summar y		
Required	Ref. <u>Des.</u> DTP01	Data Element 374	Name Date/Time Qualific	er	Attr M	ributes ID 3/3
			Code specifying typ	be of date or time, or both date and time		
			INDUSTRY: Date	Time Qualifier		
			453	Acute Manifestation of a Chronic Cond	ition	
				Date serious symptoms were exhibited illness	for a	long term
Required	DTP02	1250	Date Time Period	Format Qualifier	M	ID 2/3
			Code indicating the	date format, time format, or date and tim	e forr	nat
			INDUSTRY: Date 7	Гime Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMD	D	
Required	DTP03	1251	<b>Date Time Period</b>		M	AN 1/35
			Expression of a date	e, a time, or range of dates, times or dates	and t	times
			NSF Reference: GC	0-12.0		

INDUSTRY: Acute Manifestation Date

Segment: DTP Date - Initial Treatment

**Position:** 455

**Loop:** 2400 Optional (Must Use)

Level: Detail
Usage: Optional

Max Use: 1

Purpose: To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

Notes: Required for spinal manipulation certifications if different than information at claim level

(Loop ID-2300).

The total number of DTP segments in the 2400 loop cannot exceed 15.

## **Data Element Summary**

			Duta Litin	che summar y		
Required	Ref. <u>Des.</u> DTP01	Data Element 374	Name Date/Time Qualific	er	Attr M	ributes ID 3/3
			Code specifying typ	be of date or time, or both date and time		
			INDUSTRY: Date	Time Qualifier		
			454	Initial Treatment		
				Date medical treatment first began		
Required	DTP02	1250	Date Time Period	Format Qualifier	$\mathbf{M}$	ID 2/3
			Code indicating the	date format, time format, or date and time	e forn	nat
			INDUSTRY: Date	Time Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMD	D	
Required	DTP03	1251	<b>Date Time Period</b>		$\mathbf{M}$	AN 1/35
			Expression of a date	e, a time, or range of dates, times or dates	and t	times
			NSF Reference: GC	70-05 O		

NSF Reference: GC0-05.0

INDUSTRY: Initial Treatment Date

 ${f DTP}$  Date - Similar Illness/Symptom Onset **Segment:** 

**Position:** 455

2400 Loop: Optional (Must Use)

Level: Detail Usage: Optional Max Use:

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:** 

**Semantic Notes:** DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required if line value is different than value given at claim level (Loop ID-2300) and

claim involves services to a patient experiencing symptoms similar or identical to

previously reported symptoms.

The total number of DTP segments in the 2400 loop cannot exceed 15.

			Data Element Summar	y	
	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>
Required	DTP01	374	Date/Time Qualifier	M	ID 3/3
			Code specifying type of date or ti	me, or both date and time	
			INDUSTRY: Date Time Qualifie	er	
			438 Onset of Sin	nilar Symptoms or Illness	
			Date sympto	oms related to current illness first	appeared
Required	DTP02	1250	<b>Date Time Period Format Qual</b>	lifier M	ID 2/3
			Code indicating the date format, t	ime format, or date and time form	nat
			INDUSTRY: Date Time Period F	Format Qualifier	
			D8 Date Expres	ssed in Format CCYYMMDD	
Required	DTP03	1251	<b>Date Time Period</b>	M	AN 1/35
			Expression of a date, a time, or ra	ange of dates, times or dates and ti	imes
			INDUSTRY: Similar Illness or S	ymptom Date	

Segment:  $\mathbf{QTY}$  Anesthesia Modifying Units

**Position:** 460

**Loop:** 2400 Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 5

**Purpose:** To specify quantity information

**Syntax Notes:** 1 At least one of QTY02 or QTY04 is required.

2 Only one of QTY02 or QTY04 may be present.

**Semantic Notes:** 1 QTY04 is used when the quantity is non-numeric.

**Comments:** 

Notes: Required on anesthesia service lines if one or more of the extenuating circumstances

coded in QTY01 was present at the time of service.

	Ref.	Data	Data Elem	ent Summary
Required	Des. QTY01	Element 673	Name Quantity Qualifier	Attributes M ID 2/2
_	-		Code specifying the	type of quantity
			INDUSTRY: Quant	
			BF	Age Modifying Units
			EC	Anesthesia modifying units requested for anesthesia complicated by extreme age of patient, under one year or over seventy years  Use of Extracorporeal Circulation
			EM	Anesthesia modifying unit requested for anesthesia complicated by extra-corporeal circulation heart pump oxygenator bypass or pump assist which is not a usual part of the surgical procedure Emergency Modifying Units
			НМ	Anesthesia modifying units requested for anesthesia complicated by emergency conditions; an emergency is defined as existing when delay in treatment of the patient would lead to a significant threat to life or body part Use of Hypothermia
			НО	Anesthesia modifying units requested for anesthesia complicated by total body hypothermia Use of Hypotension
			НР	Anesthesia modifying units requested for anesthesia complicated by utilization of controlled hypotension Use of Hyperbaric Pressurization
			Р3	Anesthesia modifying units requested for anesthesia complicated by use of hyperbaric pressure Physical Status III
			D.	Anesthesia modifying units requested for Physical Status III patient, as defined by the American Society of Anesthesiologists
			P4	Physical Status IV
			P5	Anesthesia modifying units requested for Physical Status IV patient, as defined by the American Society of Anesthesiologists Physical Status V
			SG	Anesthesia modifying units requested for Physical Status V, as defined by the American Society of Anesthesiologists Swan-Ganz
				Anesthesia modifying units requested for the insertion of

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			anesthesia		
Required	QTY02	380	Quantity		R 1/15
			Numeric value of quantity		
			ALIAS: Anesthesia Modifying Units		
			INDUSTRY: Anesthesia Modifying Units		
Not Used	QTY03	C001	Composite Unit of Measure	O	
			To identify a composite unit of measure (See Figures Appe of use)	ndix f	or examples
Not Used	C00101	355	Unit or Basis for Measurement Code	M	ID 2/2
			Code specifying the units in which a value is being expresse which a measurement has been taken	d, or	manner in
Not Used	C00102	1018	Exponent	0	R 1/15
			Power to which a unit is raised		
Not Used	C00103	649	Multiplier	0	R 1/10
1100 0500	000100	0.12	Value to be used as a multiplier to obtain a new value	Ū	11 1/10
Not Used	C00104	355	Unit or Basis for Measurement Code	0	ID 2/2
110t Obcu	C00104	355	Code specifying the units in which a value is being expresse	_	
			which a measurement has been taken	u, or	manner m
Not Used	C00105	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
Not Used	C00106	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	C00107	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expresse	d, or	manner in
			which a measurement has been taken		
Not Used	C00108	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
Not Used	C00109	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	C00110	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expresse	d, or	manner in
Not Used	C00111	1018	which a measurement has been taken  Exponent	0	R 1/15
Not Osea	CUUIII	1010	Power to which a unit is raised	U	K 1/13
Not Used	C00112	649	Multiplier	o	R 1/10
Not Oscu	C00112	042	Value to be used as a multiplier to obtain a new value	U	K 1/10
Not Ugod	C00113	355	Unit or Basis for Measurement Code	0	ID 2/2
Not Used	C00113	333		_	
			Code specifying the units in which a value is being expresse which a measurement has been taken	a, or	manner in
Not Used	C00114	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
Not Used	C00115	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	QTY04	61	Free-Form Message	X	AN 1/30
	-		Free-form information		

DRAFT									
	Segment:	ME	A Test Resul	t					
	Position:	462	_ 1000110001						
	Loop:	2400							
	Level:	Detail							
	Usage:	Optional							
	Max Use:	20 To:	S1		4-1				
	Purpose:	_		surements or counts, including dimensions, es Appendix for example of use of C001)	tolerances, variances,				
Syn	tax Notes:			A03 MEA05 MEA06 or MEA08 is required.					
5,11	10000			t, then MEA04 is required.					
				t, then MEA04 is required.					
				t, then at least one of MEA03 MEA05 or MI	EA06 is required.				
<b>G</b>	.4° - NT - 4			8 or MEA03 may be present.	ME A O.C.				
	ntic Notes: Comments:			unit of measure for MEA03, MEA05, and Misional tolerances, any measurement requiring					
C	omments.			where a positive (+) value cannot be assumed					
				nd MEA06 as the positive (+) value.	,				
	<b>Notes:</b>			es which bill/report the following: Concentrate	tion, Hemoglobin,				
		Hematoc	rit, Epoetin Sta	rting Dosage, Creatin, and Oxygen.					
			Data	Element Summary					
	Ref.	Data	**		A 93				
Required	<u>Des.</u> MEA01	<u>Element</u> 737	Name Mossuromon	t Reference ID Code	Attributes O ID 2/2				
Kequireu	MILAUI	131		ing the broad category to which a measurement	-				
			•	surement identifier	ont applies				
			ALIAS: Meas	arement identifier					
			INDUSTRY:	Measurement Reference Identification Code	;				
			OG	Original					
			TD.	Starting dosage					
			TR	Test Results	L 14 - 4 4				
				Indicates that the data to follow are the measurements	ie resuits test				
Required	MEA02	738	Measuremen		O ID 1/3				
1				ing a specific product or process characterist					
			measurement						
				Measurement Qualifier					
			CON	Concentration					
				The relative amount of a component					
			GRA	product containing multiple compone Gas Test Rate	ents				
				Volume of gas produced from a well	during a 24-hour				
			НТ	test period	C				
				Height					
			R1	Hemoglobin					
			R2	Hematocrit					
			R3	Epoetin Starting Dosage					
			R4	Creatin					
<b>.</b>	3.677.4.00	<b>=</b> 20	ZO	Oxygen	W D 4/20				
Required	MEA03	739	Measuremen		X R 1/20				
			The value of t	he measurement					

The value of the measurement

**ALIAS: Test Results** 

NSF Reference: FA0-42.0 - Hemoglobin, FA0-43.0 - Hematocrit, FA0-45.0 -Epoetin Starting Dosage, FA0-47.0 - Creatin, GX0-17.0 - Arterial Blood Gas on 4 liters/minute, GX0-18.0 - Oxygen Saturation on 4 liters/minute, GU0-16.0

# - Patient Height

Not Hood	MEAGA	C001	INDUSTRY: Test Results	v	
Not Used	MEA04	C001	Composite Unit of Measure	X	. 1
			To identify a composite unit of measure (See Figures Append of use)	dix f	or examples
Not Used	C00101	355	Unit or Basis for Measurement Code	M	ID 2/2
			Code specifying the units in which a value is being expressed	. or	manner in
			which a measurement has been taken	, -	
Not Used	C00102	1018	Exponent	0	R 1/15
			Power to which a unit is raised		
Not Used	C00103	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	C00104	355	Unit or Basis for Measurement Code	0	ID 2/2
			Code specifying the units in which a value is being expressed	, or	manner in
NI.4 TI I	C00105	1010	which a measurement has been taken	•	D 1/15
Not Used	C00105	1018	Exponent	O	R 1/15
NI.4 TI I	C00106	C 4 0	Power to which a unit is raised	•	D 1/10
Not Used	C00106	649	Multiplier	O	R 1/10
Ni.4 Ti J	C00107	255	Value to be used as a multiplier to obtain a new value	•	ID 2/2
Not Used	C00107	355	Unit or Basis for Measurement Code	0	ID 2/2
			Code specifying the units in which a value is being expressed which a measurement has been taken	, or	manner in
Not Used	C00108	1018	Exponent	o	R 1/15
			Power to which a unit is raised		
Not Used	C00109	649	Multiplier	0	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	C00110	355	Unit or Basis for Measurement Code	0	ID 2/2
			Code specifying the units in which a value is being expressed	, or	manner in
			which a measurement has been taken		
Not Used	C00111	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
Not Used	C00112	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	C00113	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expressed	, or	manner in
Not Used	C00114	1018	which a measurement has been taken  Exponent	o	R 1/15
110t escu	000114	1010	Power to which a unit is raised	Ü	1 1/10
Not Used	C00115	649	Multiplier	o	R 1/10
110t escu	Coolie	042	Value to be used as a multiplier to obtain a new value	Ü	1 1/10
Not Used	MEA05	740	Range Minimum	X	R 1/20
-100 0000			The value specifying the minimum of the measurement range		
Not Used	MEA06	741	Range Maximum	X	R 1/20
			The value specifying the maximum of the measurement range		
Not Used	MEA07	935	Measurement Significance Code	0	ID 2/2
-100 0000		,	Code used to benchmark, qualify or further define a measurer		
Not Used	MEA08	936	Measurement Attribute Code	X	ID 2/2
		- 2 3	Code used to express an attribute response when a numeric m		
			cannot be determined		
Not Used	MEA09	752	Surface/Layer/Position Code	O	ID 2/2
			Code indicating the product surface, layer or position that is b	eing	described
Not Used	MEA10	1373	Measurement Method or Device	O	ID 2/4
D0273401 (0	0.40103/000		212		4 0 2001

The method or device used to record the measurement

CN1 Contract Information **Segment: Position:** Loop: 2400 Optional (Must Use) Level: Detail **Usage:** Optional Max Use: **Purpose:** To specify basic data about the contract or contract line item **Syntax Notes: Semantic Notes:** CN102 is the contract amount. 2 CN103 is the allowance or charge percent. 3 CN104 is the contract code. CN106 is an additional identifying number for the contract. Comments: **Notes:** Information contained at this level overwrites CN1 information at the claim level for this specific service line. **Data Element Summary** Ref. Data Des. Element Name Required CN101 1166 **Contract Type Code** Code identifying a contract type CN101 for capitated encounters. ALIAS: Contract type code INDUSTRY: Contract Type Code 01

The developers of this implementation guide recommend always providing

Attributes

M ID 2/2

O R 1/6

Diagnosis Related Group (DRG) A patient classification scheme, which provides means of relating the type of patients a hospital treats to the costs incurred by the hospital, to determine quality of care and utilization of services in a hospital setting 02 Per Diem A contract which allows certain charges to be on a rate per day basis 03 Variable Per Diem A contract which allows certain charges to be on a rate per day basis, where the rate may not remain constant 04 Flat A contract between the provider of service and the destination payor whereby the flat rate charges may differ from the total itemized charges 05 Capitated A contract between the provider of service and the destination payor which allows payment to the provider of service on a per member per month basis 06 Percent 09 Other **Monetary Amount** O R 1/18

Situatio CN102 782

Percent

332

CN103

Situatio

Required if information is different than that given at claim level (Loop ID-2300).

**ALIAS: Contract Amount** 

Monetary amount

**INDUSTRY: Contract Amount** 

P837V401 (004010X098) 314 August 8, 2001 Percent expressed as a percent

Required if information is different than that given at claim level (Loop ID-2300).

ALIAS: Contract Allowance or Charge Percent

INDUSTRY: Contract Percentage

### Situatio CN104 127 Reference Identification

O AN 1/30

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Required if information is different than that given at claim level (Loop ID-2300).

ALIAS: Contract Code

INDUSTRY: Contract Code

#### Situatio CN105 338 Terms Discount Percent

O R 1/6

Terms discount percentage, expressed as a percent, available to the purchaser if an invoice is paid on or before the Terms Discount Due Date Required if information is different than that given at claim level (Loop ID-

Required if information is different than that given at claim level (Loop ID-2300).

ALIAS: Terms discount percent

INDUSTRY: Terms Discount Percentage

# Situatio CN106 799 Version Identifier

O AN 1/30

Revision level of a particular format, program, technique or algorithm Required if information is different than that given at claim level (Loop ID-2300).

ALIAS: Contract Version

INDUSTRY: Contract Version Identifier

Segment:  $\operatorname{REF}$  Repriced Line Item Reference Number

**Position:** 470

**Loop:** 2400 Optional (Must Use)

Level: Detail
Usage: Optional

Max Use: 1

**Notes:** 

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

1 REF04 contains data relating to the value cited in REF02.

This segment is intended to be used exclusively by repricing (pricing) organizations who have a need to identify a certain line in their claim submission transmission to their payer organization.

	Ref. Des.	Data Element	Name	A +++	<u>ibutes</u>	
Required	REF01	128	Reference Identification Qualifier	M	ID 2/3	
nequirea	1121 01	120	Code qualifying the Reference Identification	112	12 2/0	
			INDUSTRY: Reference Identification Qualifier			
			9B Repriced Line Item Reference Number			
Required	REF02	127	Reference Identification	X	AN 1/30	
1			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier INDUSTRY: Repriced Line Item Reference Number	Set o	or as	
Not Used	REF03	352	Description	X	AN 1/80	
			A free-form description to clarify the related data elements as	nd the	ir content	
Not Used	REF04	C040	Reference Identifier	O		
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier			
Not Used	C04001	128	Reference Identification Qualifier	$\mathbf{M}$	ID 2/3	
			Code qualifying the Reference Identification			
Not Used	C04002	127	Reference Identification	M	AN 1/30	
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as	
Not Used	C04003	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3	
			Code qualifying the Reference Identification			
Not Used	C04004	127	Reference Identification	X	AN 1/30	
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as	
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3	
			Code qualifying the Reference Identification			
Not Used	C04006	127	Reference Identification	X	AN 1/30	
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as	

 ${f REF}$  Adjusted Repriced Line Item Reference Number **Segment:** 

**Position:** 470

2400 Loop: Optional (Must Use)

Level: Detail Usage: Optional Max Use:

**Purpose:** 

To specify identifying information

At least one of REF02 or REF03 is required. **Syntax Notes:** 

If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:**  REF04 contains data relating to the value cited in REF02.

**Notes:** This segment is intended to be used exclusively by repricing (pricing) organizations who have a need to identify a certain line in their claim submission transmission to their payer

organization.

	Ref. Des.	Data Element	Name	A ttı	ributes	
Required	REF01	128	Reference Identification Qualifier		ID 2/3	
•			Code qualifying the Reference Identification			
			INDUSTRY: Reference Identification Qualifier			
			9D Adjusted Repriced Line Item Reference	e Nun	nber	
Required	REF02	127	Reference Identification	X	AN 1/30	
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier INDUSTRY: Adjusted Repriced Line Item Reference Number			
Not Used	REF03	352	Description	$\mathbf{X}$	AN 1/80	
			A free-form description to clarify the related data elements a	nd the	eir content	
Not Used	REF04	C040	Reference Identifier	O		
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier			
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3	
			Code qualifying the Reference Identification			
Not Used	C04002	127	Reference Identification	M	AN 1/30	
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as	
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3	
			Code qualifying the Reference Identification			
Not Used	C04004	127	Reference Identification	X	AN 1/30	
<b>N</b> I	G0.400.	100	Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier			
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3	
N T	G0.400.6	10=	Code qualifying the Reference Identification	<b>T</b> 7	1311/20	
Not Used	C04006	127	Reference Identification	X	AN 1/30	
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as	

 ${f REF}$  Prior Authorization or Referral Number **Segment:** 

**Position:** 470

2400 Loop: Optional (Must Use)

Level: Detail **Usage:** Optional Max Use:

**Notes:** 

**Purpose:** To specify identifying information

At least one of REF02 or REF03 is required. **Syntax Notes:** 

If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:** 

REF04 contains data relating to the value cited in REF02.

Required if service line involved a prior authorization number or referral number that is different than the number reported at the claim level (Loop-ID 2300).

	D . C	D-4-	Data Element Summary		
	Ref. Des.	Data Element	Name	A ++1	ributes
Required	REF01	128	Reference Identification Qualifier	M	ID 2/3
ricquired	ALLI VI	120	Code qualifying the Reference Identification	112	12 2/0
			INDUSTRY: Reference Identification Qualifier		
			9F Referral Number		
			7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
			G1 Prior Authorization Number		
			An authorization number acquired prio	r to th	e submission
Required	REF02	127	of a claim  Reference Identification	X	AN 1/30
Required	KLI 02	12/	Reference information as defined for a particular Transaction		,
			specified by the Reference Identification Qualifier	ı set c	n as
			INDUSTRY: Prior Authorization or Referral Number		
Not Used	REF03	352	Description	X	AN 1/80
			A free-form description to clarify the related data elements a	and the	eir content
Not Used	REF04	C040	Reference Identifier	O	
			To identify one or more reference numbers or identification	numbe	ers as
			specified by the Reference Qualifier		
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction	ı Set o	or as
NI	C04002	120	specified by the Reference Identification Qualifier	<b>T</b> 7	ID 2/2
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction	ı Set o	or as
Not Used	C04005	128	specified by the Reference Identification Qualifier  Reference Identification Qualifier	X	ID 2/3
Not Oseu	C04003	120	_	Λ	ID 2/3
NI-4 TI I	C04006	105	Code qualifying the Reference Identification	<b>T</b> 7	A NI 1/20
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction	1 Set o	or as
			specified by the Reference Identification Qualifier		

Segment: REF Line Item Control Number

**Position:** 470

**Loop:** 2400 Optional (Must Use)

Level: Detail
Usage: Optional

Max Use: 1

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

Semantic Notes: Comments: 1 REF04 contains data relating to the value cited in REF02.

**Notes:** Required if it is necessary to send a line control or inventory number. Providers are STRONGLY encouraged to routinely send a unique line item control number on all service lines, particularly if the provider automatically posts their remittance advice. Submitting a unique line item control number gives providers the capability to

automatically post by service line. The line item control number should be unique within a patient control number (CLM01). Payers are required to return this number in the remittance advice transaction (835) if the providers sends it to them in the 837.

			Data Element Summary		
	Ref.	Data			••
Dogginad	<u>Des.</u> REF01	Element 128	Name  Performed Identification Qualifier		ributes ID 2/3
Required	KEFUI	120	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
			INDUSTRY: Reference Identification Qualifier		
			6R Provider Control Number		
			Number assigned by information provious tracking and billing purposes	der co	ompany for
Required	REF02	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier NSF Reference: FA0-04.0, FB0-04.0, FB1-04.0, FB2-04.0, F04.0, HA0-04.0		
			INDUSTRY: Line Item Control Number		
Not Used	REF03	352	Description	$\mathbf{X}$	AN 1/80
			A free-form description to clarify the related data elements a	nd the	eir content
Not Used	REF04	C040	Reference Identifier	0	
			To identify one or more reference numbers or identification a specified by the Reference Qualifier	numbe	ers as
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	$\mathbf{M}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as

REF Mammography Certification Number **Segment:** 

**Position:** 470

2400 Loop: Optional (Must Use)

Level: Detail Usage: Optional

Max Use:

To specify identifying information **Purpose:** 

**Syntax Notes:** At least one of REF02 or REF03 is required.

If either C04003 or C04004 is present, then the other is required. If either C04005 or C04006 is present, then the other is required.

REF04 contains data relating to the value cited in REF02.

**Semantic Notes: Comments:** 

> **Notes:** Required for Medicare claims for all mammography services.

	Ref.	Data	Data Element Summary		
	Des.	<b>Element</b>	<u>Name</u>	Attı	<u>ributes</u>
Required	REF01	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
			INDUSTRY: Reference Identification Qualifier		
			EW Mammography Certification Number		
			Health Care Financing Administration a certification number of the certified mascreening center		
Required	REF02	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier NSF Reference: FA0-31.0	Set o	or as
			INDUSTRY: Mammography Certification Number		
Not Used	REF03	352	Description	$\mathbf{X}$	AN 1/80
			A free-form description to clarify the related data elements as	nd the	eir content
Not Used	REF04	C040	Reference Identifier	O	
			To identify one or more reference numbers or identification r specified by the Reference Qualifier	numb	ers as
Not Used	C04001	128	Reference Identification Qualifier	$\mathbf{M}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	$\mathbf{M}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as

 $REF\ {\it Clinical\ Laboratory\ Improvement\ Amendment\ (CLIA)\ Identification}$ **Segment:** 

**Position:** 470

2400 Loop: Optional (Must Use)

Level: Detail Usage: Optional

Max Use:

**Purpose:** To specify identifying information

At least one of REF02 or REF03 is required. **Syntax Notes:** 

If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** 

REF04 contains data relating to the value cited in REF02.

**Comments: Notes:** 

Required for all CLIA certified facilities performing CLIA covered laboratory services and if number is different than CLIA number reported at claim level (Loop ID-2300).

	Ref. Des.	Data <u>Element</u>	<u>Name</u>		<u>ributes</u>
Required	REF01	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
			INDUSTRY: Reference Identification Qualifier		
			X4 Clinical Laboratory Improvement Ame	ndmei	nt Number
Required	REF02	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier NSF Reference: FA0-34.0	ı Set o	or as
Not Used	REF03	352	INDUSTRY: Clinical Laboratory Improvement Amendmen <b>Description</b>	t Num <b>X</b>	ber AN 1/80
			A free-form description to clarify the related data elements a	nd the	eir content
Not Used	REF04	C040	Reference Identifier	O	
			To identify one or more reference numbers or identification specified by the Reference Qualifier		
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	$\mathbf{M}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	ı Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	ı Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	ı Set o	or as

Segment:  ${f REF}$  Referring Clinical Laboratory Improvement Amendment (CLIA) Facility

Identification

**Position:** 470

**Loop:** 2400 Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:** 

1 REF04 contains data relating to the value cited in REF02.

**Notes:** Required for Medicare claims for any laboratory that referred tests to another laboratory covered by the CLIA Act that is billed on this line.

	Ref.	Data	Data Element Summary	A 44-	.:14
Required	<u>Des.</u> REF01	Element 128	Name Reference Identification Qualifier		ributes ID 2/3
Requireu	KETUI	120	Code qualifying the Reference Identification	IVI	11) 2/3
			INDUSTRY: Reference Identification Qualifier		
			F4 Facility Certification Number		
			A unique number assigned to qualifying perform services	; facil	ities to
Required	REF02	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier INDUSTRY: Referring CLIA Number	Set o	or as
Not Used	REF03	352	Description	$\mathbf{X}$	AN 1/80
			A free-form description to clarify the related data elements as	nd the	eir content
Not Used	REF04	C040	Reference Identifier	O	
Not Used	C04001	128	To identify one or more reference numbers or identification r specified by the Reference Qualifier <b>Reference Identification Qualifier</b>	numbe <b>M</b>	ers as ID 2/3
not oscu	C04001	120	Code qualifying the Reference Identification	141	10 2/3
Not Used	C04002	127	Reference Identification	M	AN 1/30
Not Oscu	C04002	127	Reference information as defined for a particular Transaction		
			specified by the Reference Identification Qualifier	Set 0	n as
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction	Set c	or as
			specified by the Reference Identification Qualifier		
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as

Segment:  $\mathbf{REF}$  Immunization Batch Number

**Position:** 470

**Loop:** 2400 Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.
3 If either C04005 or C04006 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.
 1 REF04 contains data relating to the value cited in REF02.

**Semantic Notes:** 

**Notes:** 

Comments:

## **Data Element Summary**

Use when required by state law for health data reporting.

	Ref.	Data	Data Element Summary	A 44-	
Required	<u>Des.</u> REF01	Element 128	Name Reference Identification Qualifier	Attr M	ributes ID 2/3
Required	KLI VI	120	Code qualifying the Reference Identification	111	10 2/3
			INDUSTRY: Reference Identification Qualifier		
			BT Batch Number		
Required	REF02	127	Reference Identification	X	AN 1/30
•			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier INDUSTRY: Immunization Batch Number	ı Set o	or as
Not Used	REF03	352	Description	X	AN 1/80
			A free-form description to clarify the related data elements a	nd the	eir content
Not Used	REF04	C040	Reference Identifier	O	
			To identify one or more reference numbers or identification	numbe	ers as
No.4 Time J	C04001	120	specified by the Reference Qualifier	M	ID 2/2
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3
No.4 Time J	C04002	127	Code qualifying the Reference Identification  Reference Identification	M	A NI 1/20
Not Used	C04002	127		M	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	i sei c	n as
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	ı Set o	or as

 ${f REF}$  Ambulatory Patient Group (APG) **Segment:** 

**Position:** 470

2400 Loop: Optional (Must Use)

Level: Detail **Usage:** Optional Max Use:

To specify identifying information **Purpose:** 

**Syntax Notes:** At least one of REF02 or REF03 is required.

If either C04003 or C04004 is present, then the other is required. If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:** 

REF04 contains data relating to the value cited in REF02.

**Notes:** Used at discretion of submitter.

Required	Ref. <u>Des</u> . REF01	Data Element 128	Name Reference Identification Qualifier	Attr M	ributes ID 2/3
			Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier		
			1S Ambulatory Patient Group (APG) Num	ber	
Required	REF02	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier INDUSTRY: Ambulatory Patient Group Number	Set o	or as
Not Used	REF03	352	Description	$\mathbf{X}$	AN 1/80
			A free-form description to clarify the related data elements a	nd the	eir content
Not Used	REF04	C040	Reference Identifier	O	
			To identify one or more reference numbers or identification is	ıumbe	ers as
<b>N</b> T 4 <b>T</b> T <b>N</b>	G0.4004	100	specified by the Reference Qualifier		TD 0/2
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3
<b>N</b> T 4 <b>T</b> T <b>N</b>	G0.4003	40=	Code qualifying the Reference Identification		137 1 /20
Not Used	C04002	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as

Segment: **REF** Oxygen Flow Rate

**Position:** 470

**Loop:** 2400 Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

If either C04003 or C04004 is present, then the other is required.
If either C04005 or C04006 is present, then the other is required.

1 REF04 contains data relating to the value cited in REF02.

**Semantic Notes:** Comments:

**Notes:** 

to the value elect in the same of the value elect in the same of the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in the same elect in t

Required on oxygen therapy certificate of medical necessity (CMN) claim where service line reports oxygen flow rate.

			Data Element Summary			
Required	Ref. <u>Des.</u> REF01	Data Element 128	Name Reference Identification Qualifier	Attr M	ributes ID 2/3	
			Code qualifying the Reference Identification			
			INDUSTRY: Reference Identification Qualifier			
			TP Test Specification Number			
			Oxygen Flow Rate			
Required	REF02	127	Reference Identification	$\mathbf{X}$	AN 1/30	
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Valid values are 1 - 999 liters per minute and X for less than 1 liter per minute.			
			NSF Reference: GX0-14.0			
			INDUSTRY: Oxygen Flow Rate			
Not Used	REF03	352	Description	X	AN 1/80	
			A free-form description to clarify the related data elements a	nd the	eir content	
Not Used	REF04	C040	Reference Identifier	O		
			To identify one or more reference numbers or identification	numbe	ers as	
Nic4 Ilead	C04001	128	specified by the Reference Qualifier	M	ID 2/2	
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3	
Na4 Haad	C04003	127	Code qualifying the Reference Identification  Reference Identification	М	A NI 1/20	
Not Used	C04002	127			AN 1/30	
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	ı set c	n as	
Not Used	C04003	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3	
			Code qualifying the Reference Identification			
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30	
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	1 Set o	or as	
Not Used	C04005	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3	
			Code qualifying the Reference Identification			
Not Used	C04006	127	Reference Identification	X	AN 1/30	
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	ı Set o	or as	

Segment: **REF** Universal Product Number (UPN)

**Position:** 470

**Loop:** 2400 Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

Semantic Notes: Comments:

**Notes:** 

Ref.

Data

1 REF04 contains data relating to the value cited in REF02.

X12N has been informed by HCFA that this information will be required on Medicare claims in the near future. It may also be required by some state Medicaids. This segment has been added to the 4010 implementation guide to allow providers to meet the Medicare/Medicaid requirements when they are implemented. When implemented by Medicare/Medicaid, the UPN is required on claim/encounters when an item/supply is being billed/reported that has an associated UPN included in the Health Care Uniform Code Council system or the Health Industry Business Communications Council system. See Appendix C for Code Source 41 and 522.

A ttributos

Required	<u>Des.</u> REF01	Element 128	<u>Name</u> Reference Ident	ification Qualifier		<u>ributes</u> ID 2/3
-				the Reference Identification		
				ference Identification Qualifier		
			OZ	Product Number		
				Code Source 41 Use to indicate Health	Care	Uniform
				Code Council System. See Appendix C	, code	source 41.
			VP	Vendor Product Number		
				A unique number assigned by a vendor to identify its products	or ma	anufacturer
				Code Source 522 Use to indicate Health Business Communications Council sys C, code source 522.		•
Required	REF02	127	Reference Ident		$\mathbf{X}$	AN 1/30
				nation as defined for a particular Transaction Reference Identification Qualifier FA0-62.0	ı Set o	or as
			INDUSTRY: Un	iversal Product Number		
Not Used	REF03	352	Description		$\mathbf{X}$	AN 1/80
			A free-form desc	ription to clarify the related data elements a	nd the	ir content
Not Used	REF04	C040	Reference Ident	ifier	O	
			•	or more reference numbers or identification in Reference Qualifier	numbe	ers as
Not Used	C04001	128	Reference Ident	ification Qualifier	$\mathbf{M}$	ID 2/3
			Code qualifying	the Reference Identification		
Not Used	C04002	127	Reference Ident	ification	M	AN 1/30
				nation as defined for a particular Transactior Reference Identification Qualifier	ı Set o	or as
Not Used	C04003	128	Reference Ident	ification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying	the Reference Identification		
Not Used	C04004	127	Reference Ident	ification	X	AN 1/30
			Reference inform	nation as defined for a particular Transaction	set o	or as

$\mathbf{I}$	I)	Λ	1.7	r
1,	ĸ	А	г	

Not Used	C04005	128	specified by the Reference Identification Qualifier <b>Reference Identification Qualifier</b>	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as

Segment: AMT Sales Tax Amount

**Position:** 475

**Loop:** 2400 Optional (Must Use)

Loop: 2400
Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

minents.

**Notes:** Required if sales tax applies to service line and submitter is required to report that

information to the receiver.

	Ref.	Data	·		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>
Required	AMT01	522	Amount Qualifier Code	$\mathbf{M}$	ID 1/3
			Code to qualify amount		
			INDUSTRY: Amount Qualifier Code		
			T Tax		
Required	AMT02	782	Monetary Amount	$\mathbf{M}$	R 1/18
			Monetary amount		
			INDUSTRY: Sales Tax Amount		
Not Used	AMT03	478	Credit/Debit Flag Code	O	ID 1/1
			Code indicating whether amount is a credit or debit		

Segment: AMT Approved Amount

**Position:** 475

**Loop:** 2400 Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

Max Use:

**Purpose:** To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

**Notes:** Used primarily in payer-to-payer COB situations by the payer who is sending this claim

to another payer. Providers (in a provider-to-payer COB situation) do not usually

complete this information but may do so if the information is available.

The allowed amount equals the amount for the service line that was approved by the payer sending this 837 to another payer.

Required	Ref. <u>Des</u> . AMT01	Data <u>Element</u> 522	Name Amount Qualifier Code	<u>Attr</u> M	ibutes ID 1/3
			Code to qualify amount		
			INDUSTRY: Amount Qualifier Code		
			AAE Approved Amount		
Required	AMT02	782	Monetary Amount	M	R 1/18
			Monetary amount		
			NSF Reference: FA0-51.0		
			INDUSTRY: Approved Amount		
Not Used	AMT03	478	Credit/Debit Flag Code	O	ID 1/1
			Code indicating whether amount is a credit or debit		

Segment: AMT Postage Claimed Amount

**Position:** 475

**Loop:** 2400 Optional (Must Use)

Loop: 2400
Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

Notes: Required if service line charge (SV102) includes postage amount claimed in this service

line.

	Ref.	Data	Data Element Summary		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>
Required	AMT01	522	<b>Amount Qualifier Code</b>	M	ID 1/3
			Code to qualify amount		
			INDUSTRY: Amount Qualifier Code		
			F4 Postage Claimed		
			Monetary amount rightfully deser	ved for mai	iling
Required	AMT02	782	Monetary Amount	M	R 1/18
			Monetary amount		
			INDUSTRY: Postage Claimed Amount		
Not Used	AMT03	478	Credit/Debit Flag Code	O	<b>ID 1/1</b>
			Code indicating whether amount is a credit or debit		

 ${
m K3}$  File Information **Segment:** 

**Position:** 480

2400 Loop: Optional (Must Use)

Level: Detail Usage: Optional Max Use: 10

**Purpose:** 

**Syntax Notes:** 

To transmit a fixed-format record or matrix contents

**Semantic Notes:** 

1 K303 identifies the value of the index.

**Comments:** 

The default for K302 is content.

**Notes:** 

This segment may only be required if a state concludes it must use the K3 to meet an emergency legislative requirement AND the administering state agency or other state organization has contacted the X12N workgroup, requested a review of the K3 data requirement to ensure there is not an existing method within the implementation guide to meet this requirement, and X12N determines that there is no method to meet the requirement. Only then may the state require the temporary use of the K3 to meet the requirement. X12N will submit the necessary data maintenance and refer the request to the appropriate data content committee.

	Ref.	Data	Data Element Summary		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ributes</u>
Required	K301	449	Fixed Format Information	M	AN 1/80
			Data in fixed format agreed upon by sender and receiver		
			NSF Reference: HA0-05.0		
			INDUCEDA E. LE		
Not Used	K302	1333	INDUSTRY: Fixed Format Information  Record Format Code	0	ID 1/2
Not Oseu	K302	1333		U	10 1/2
Not Used	K303	C001	Code specifying the format of information  Composite Unit of Measure	0	
Not Oseu	KSUS	Cool	To identify a composite unit of measure (See Figures Apper	•	or overnales
			of use)	idix 10	or examples
Not Used	C00101	355	Unit or Basis for Measurement Code	M	ID 2/2
			Code specifying the units in which a value is being expressed	d, or 1	manner in
			which a measurement has been taken		
Not Used	C00102	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
Not Used	C00103	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	C00104	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expressed	1, or 1	manner in
Not Used	C00105	1018	which a measurement has been taken  Exponent	0	R 1/15
Not Useu	C00105	1010	Power to which a unit is raised	U	K 1/15
Not Used	C00106	649	Multiplier	0	R 1/10
Not Oseu	C00100	047	Value to be used as a multiplier to obtain a new value	U	K 1/10
Not Used	C00107	355	Unit or Basis for Measurement Code	0	ID 2/2
Not Useu	C00107	333	Code specifying the units in which a value is being expressed	•	
			which a measurement has been taken	J, OI I	manner m
Not Used	C00108	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
Not Used	C00109	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	C00110	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expressed	d, or 1	manner in
			-		

Not Used	C00111	1018	which a measurement has been taken  Exponent	o	R 1/15
			Power to which a unit is raised		
Not Used	C00112	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	C00113	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expressed which a measurement has been taken	l, or i	manner in
Not Used	C00114	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
Not Used	C00115	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		

Segment: NTE Line Note

**Position:** 485

**Loop:** 2400 Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To transmit information in a free-form format, if necessary, for comment or special

instruction

**Syntax Notes: Semantic Notes:** 

**Notes:** 

**Comments:** 1 The NTE segment permits free-form information/data which, under ANSI X12

standard implementations, is not machine processable. The use of the NTE segment

should therefore be avoided, if at all possible, in an automated environment. Required if submitter used a"not otherwise classified" (NOC) procedure code on this

service line (use ADD in NTE01). Otherwise, use at providers discretion.

**Data Element Summary** 

			Dutu Er	carear Summary		
	Ref. <u>Des.</u>	Data <u>Element</u>	<u>Name</u>		Attı	<u>ributes</u>
Required	NTE01	363	<b>Note Reference</b>	Code	O	ID 3/3
			Code identifying	the functional area or purpose for which th	e note	applies
			INDUSTRY: No	te Reference Code		
			ADD	Additional Information		
			DCP	Goals, Rehabilitation Potential, or Disc	charge	Plans
			PMT	Payment		
			TPO	Third Party Organization Notes		
Required	NTE02	352	Description		$\mathbf{M}$	AN 1/80

A free-form description to clarify the related data elements and their content

NSF Reference: HA0-05.0

INDUSTRY: Line Note Text

Segment: PS1 Purchased Service Information

**Position:** 488

**Loop:** 2400 Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify the information about services that are purchased

Syntax Notes:

**Semantic Notes:** 1 PS101 is provider identification number.

2 PS102 is cost of the purchased service.

3 PS103 is the state where the service is purchased.

**Comments:** 

**Notes:** Using the PS1 segment indicates that services were purchased from another source.

Required on service lines involving purchased services/tests if different than the information given at the claim level (Loop ID = 2310C).

	Ref.	Data	Data Element Summary		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attı</u>	<u>ributes</u>
Required	PS101	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier ALIAS: Purchased Service Provider Identifier	Set o	or as
			NSF Reference: FB0-11.0		
			INDUSTRY: Purchased Service Provider Identifier		
Required	PS102	782	Monetary Amount	M	R 1/18
			Monetary amount		
			ALIAS: Purchased Service Charge Amount		
			NSF Reference: FB0-05.0		
Niga Tigad	DC102	150	INDUSTRY: Purchased Service Charge Amount	0	ID 2/2
Not Used	PS103	156	State or Province Code	O	ID 2/2
			Code (Standard State/Province) as defined by appropriate go	vernn	nent agency

Segment: **HSD** Health Care Services Delivery

**Position:** 491

**Loop:** 2400 Optional (Must Use)

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify the delivery pattern of health care services

**Syntax Notes:** 1 If either HSD01 or HSD02 is present, then the other is required.

2 If HSD06 is present, then HSD05 is required.

**Semantic Notes: Comments:** 

Notes:

The HSD segment is used to specify the delivery pattern of the health care services. This is how it is used: HSD01 qualifies HSD02: If the value in HSD02=1 and the value in HSD01=VS (Visits), this means "one visit". Between HSD02 and HSD03 verbally insert a "per every." HSD03 qualifies HSD04: If the value in HSD04=3 and the value in HSD03=DA (Day), this means "three days." Between HSD04 and HSD05 verbally insert a "for." HSD05 qualifies HSD06: If the value in HSD06=21 and the value in HSD05=7 (Days), this means "21 days." The total message reads:

HSD\*VS\*1\*DA\*3\*7\*21~

= "One visit per every three days for 21 days."

Another similar data string of HSD\*VS\*2\*DA\*4\*7\*20~

= Two visits per every four days for 20 days.

An alternate way to use HSD is to employ HSD07 and/or HSD08. A data string of HSD\*VS\*1\*\*\*\*\*SX\*D\*

means "1 visit on Wednesday and Thursday morning."

Required on claims/encounters billing/reporting home health visits where further detail is necessary to clearly substantiate medical treatment and if information is different than that given at claim level (Loop ID-2300).

			Data Elem	ent Summary		
Situatio	Ref. <u>Des.</u> HSD01	Data Element 673	Name Quantity Qualifier		Attı X	ributes ID 2/2
			Code specifying the	type of quantity		
			Required if informa 2300).	tion is different than that given at claim le	evel (	Loop ID-
			INDUSTRY: Visits VS	Visits		
Situatio	HSD02	380	Quantity		X	R 1/15
			Numeric value of qu	antity		
			HDS02 qualifies HS	SD01.		
			Required if informa 2300).	tion is different than that given at claim le	evel (	(Loop ID-
			INDUSTRY: Numb	er of Visits		
Situatio	HSD03	355	Unit or Basis for M	leasurement Code	O	ID 2/2
			Code specifying the which a measureme	units in which a value is being expressed nt has been taken	, or i	nanner in
			Required if informa 2300).	tion is different than that given at claim le	evel (	Loop ID-
			INDUSTRY: Freque	ency Period		
			DA	Days		
			MO	Months		

Month

DIAM			Q1	Quarter (Time)
			WK	Week
Situatio	HSD04	1167	Sample Selection	on Modulus O R 1/6
				sampling frequency in terms of a modulus of the Unit of
				every fifth bag, every 1.5 minutes
			2300).	ormation is different than that given at claim level (Loop ID-
			INDUSTRY: F	requency Count
Situatio	HSD05	615	Time Period Q	pualifier X ID 1/2
			Code defining p	
			Required if info 2300).	ormation is different than that given at claim level (Loop ID-
			INDUSTRY: D	uration of Visits Units Day
			34	Month
			35	Week
Situatio	HSD06	616	Number of Per	iods O N0 1/3
			Total number of	f periods
			Required if info 2300).	ormation is different than that given at claim level (Loop ID-
			INDUSTRY: D	uration of Visits, Number of Units
Situatio	HSD07	678		or Calendar Pattern Code O ID 1/2
			Code which spe	ecifies the routine shipments, deliveries, or calendar pattern
			Required if info 2300).	ormation is different than that given at claim level (Loop ID-
			INDLICTOV: CI	hip, Delivery or Calendar Pattern Code
			1	1st Week of the Month
			2	2nd Week of the Month
			3	3rd Week of the Month
			4	4th Week of the Month
			5	5th Week of the Month
			6	1st & 3rd Weeks of the Month
			7	2nd & 4th Weeks of the Month
			A	Monday through Friday
			В	Monday through Saturday
			C	Monday through Sunday
			D	Monday
			E F	Tuesday
			г G	Wednesday Thursday
			Н	Friday
			J	Saturday
			K	Sunday
			L	Monday through Thursday
			N	As Directed
			O	Daily Mon. through Fri.
			SA	Sunday, Monday, Thursday, Friday, Saturday
			SB	Tuesday through Saturday
			SC	Sunday, Wednesday, Thursday, Friday, Saturday

Situatio	HSD08	679	Ship/Delive	ry Pattern Time Code O ID 1/	/1
			W	Whenever Necessary	
			SZ	Tuesday, Thursday and Friday	
			SY	Monday, Wednesday and Thursday	
			SX	Wednesday and Thursday	
			SP	Monday, Tuesday and Friday	
			SL	Monday, Tuesday and Thursday	
			SG	Tuesday through Friday	
			SD	Monday, Wednesday, Thursday, Friday, Saturday	

/1

Code which specifies the time for routine shipments or deliveries Required if information is different than that given at claim level (Loop ID-2300).

INDUSTRY: Delivery Pattern Time Code

D A.M. Е P.M.

F As Directed

 ${f HCP}$  Line Pricing/Repricing Information **Segment:** 

492 **Position:** 

**Notes:** 

2400 Loop: Optional (Must Use)

Level: Detail **Usage:** Optional Max Use:

**Purpose:** 

To specify pricing or repricing information about a health care claim or line item

At least one of HCP01 or HCP13 is required. **Syntax Notes:** 

If either HCP09 or HCP10 is present, then the other is required.

If either HCP11 or HCP12 is present, then the other is required. 3

**Semantic Notes:** 1 HCP02 is the allowed amount.

HCP03 is the savings amount.

3 HCP04 is the repricing organization identification number.

4 HCP05 is the pricing rate associated with per diem or flat rate repricing.

5 HCP06 is the approved DRG code.

HCP07 is the approved DRG amount.

HCP08 is the approved revenue code.

HCP10 is the approved procedure code. HCP12 is the approved service units or inpatient days.

10 HCP13 is the rejection message returned from the third party organization.

11 HCP15 is the exception reason generated by a third party organization.

Comments: HCP06, HCP07, HCP08, HCP10, and HCP12 are fields that will contain different

values from the original submitted values. Used only by repricers as needed. This information is specific to the destination payer

reported in the 2010BB loop.

## **Data Element Summary**

	Ref.	Data		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attributes</u>
Required	HCP01	1473	Pricing Methodology	X ID 2/2

Code specifying pricing methodology at which the claim or line item has been priced or repriced

Trading partners need to agree on the codes to use in this element. There do not appear to be standard definitions for the code elements.

Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

ALIAS: Pricing/repricing methodology

## **INDUSTRY: Pricing Methodology**

00	Zero Pricing (Not Covered Under Contract)
01	Priced as Billed at 100%
02	Priced at the Standard Fee Schedule
03	Priced at a Contractual Percentage
04	Bundled Pricing
05	Peer Review Pricing
06	Per Diem Pricing
07	Flat Rate Pricing
08	Combination Pricing
09	Maternity Pricing
10	Other Pricing
11	Lower of Cost
12	Ratio of Cost
13	Cost Reimbursed
14	Adjustment Pricing

DRAFT					
Required	HCP02	782	Monetary Amount	O	R 1/18
			Monetary amount	_	
			Used only by repricers as needed. This information is specific destination payer reported in the 2010BB loop.	to tl	he
			ALIAS: Pricing/Repricing Allowed Amount		
			INDUSTRY: Repriced Allowed Amount		
Situatio	HCP03	<b>782</b>	Monetary Amount	0	R 1/18
			Monetary amount	_	
			Used only by repricers as needed. This information is specific destination payer reported in the 2010BB loop.	to t	he
			ALIAS: Pricing/Repricing Savings Amount		
Situatio	HCP04	127	INDUSTRY: Repriced Saving Amount Reference Identification	o	AN 1/30
			Reference information as defined for a particular Transaction	Set o	or as
			specified by the Reference Identification Qualifier	a 4a 41	h a
			Used only by repricers as needed. This information is specific destination payer reported in the 2010BB loop.	; to ti	ne
			ALIAS: Pricing/Repricing Identification Number		
G*4 4*	HODOF	110	INDUSTRY: Repricing Organization Identifier	•	D 1/0
Situatio	HCP05	118	Rate Rate expressed in the standard monetary denomination for the	O	R 1/9
			specified	Cull	ency
			Used only by repricers as needed. This information is specific destination payer reported in the 2010BB loop.	to tl	he
			ALIAS: Pricing/Repricing Rate		
			INDUSTRY: Repricing Per Diem or Flat Rate Amount		
Situatio	HCP06	127	Reference Identification	0	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
			Used only by repricers as needed. This information is specific	e to t	he
			destination payer reported in the 2010BB loop.		
			ALIAS: Approved APG code, Pricing		
			INDUSTRY: Repriced Approved Ambulatory Patient Group	Code	e
Situatio	HCP07	782	Monetary Amount	0	R 1/18
			Monetary amount		i
			Used only by repricers as needed. This information is specific destination payer reported in the 2010BB loop.	to t	he
			ALIAS: Approved APG amount, Pricing		
Not Used	НСР08	234	INDUSTRY: Repriced Approved Ambulatory Patient Group <b>Product/Service ID</b>	Amo O	unt AN 1/48
			Identifying number for a product or service		
Situatio	HCP09	235	Product/Service ID Qualifier	X	ID 2/2
			Code identifying the type/source of the descriptive number us Product/Service ID (234)		
			Used only by repricers as needed. This information is specific destination payer reported in the 2010BB loop.	; to tl	ne
D02571401 (0)	2401037000		220		

			INDUSTRY: Produ HC  IV  ZZ	Health Care Financing Administration (Procedural Coding System (HCPCS) Code HCFA coding scheme to group procedured on an outpatient basis for payment to health of the Medicare; primarily used for ambulatory other diagnostic departments. Because the AMA's CPT codes are also codes, they are reported under HC. Home Infusion EDI Coalition (HIEC) PCode Mutually Defined  Jurisdictionally Defined Procedure and (Used for Worker's Compensation claims)	odes re(s) spita y sur leve rodu Supp us). C	performed I under gical and I 1 HCPCS ct/Service oly Codes. Contact your
Situatio	HCP10	234	Product/Service ID	local (State) Jurisdiction for a list of the	se co X	des. AN 1/48
Sittatio	110110	-0.		for a product or service		1111 1/10
				ters as needed. This information is specific eported in the 2010BB loop.	e to t	he
			ALIAS: Pricing/Re	pricing Approved Procedure Code		
G!	TI CD11	255	INDUSTRY: Proce		<b>T</b> 7	ID 0/0
Situatio	HCP11	355	Unit or Basis for M	Teasurement Code e units in which a value is being expressed	X Lori	ID 2/2 manner in
			which a measureme Used only by repric			
			INDUSTRY: Unit of DA UN	or Basis for Measurement Code Days Unit		
Situatio	HCP12	380	Quantity	Unit	X	R 1/15
			Numeric value of q	uantity		
				ters as needed. This information is specific ported in the 2010BB loop.	e to t	he
			ALIAS: Pricing/Re	pricing Approved Units or Inpatient Days		
Situatio	НСР13	901	INDUSTRY: Reprice Reject Reason Cod	ced Approved Service Unit Count le	X	ID 2/2
			•	ssuer to identify reason for rejection		
				ers as needed. This information is specific ported in the 2010BB loop.	e to t	he
			ALIAS: Reject reas	on code		
			INDUSTRY: Rejec T1	Cannot Identify Provider as TPO (Third	Part	y
			T2	Organization) Participant Cannot Identify Payer as TPO (Third Pa	rtv (	Organization)
			T3	Participant Cannot Identify Insured as TPO (Third I	•	
				Organization) Participant	,	
			T4 T5	Payer Name or Identifier Missing Certification Information Missing		
			T6	Claim does not contain enough informat	tion f	for re-pricing
						_

DRAFT Situatio	НСР14	1526	Policy Compliance Code	o	ID 1/2
			Code specifying policy compliance		
			Used only by repricers as needed. This information is specific destination payer reported in the 2010BB loop.	c to t	he
			ALIAS: Policy compliance code		
			INDUCTDV. Dollary Compliance Code		

INDUSTRY: Policy	y Compliance Code
1	Procedure Followed (Compliance)
2	Not Followed - Call Not Made (Non-Compliance Call
	Not Made)
3	Not Medically Necessary (Non-Compliance Non-
	Medically Necessary)
4	Not Followed Other (Non-Compliance Other)
5	Emergency Admit to Non-Network Hospital
<b>Exception Code</b>	O ID 1/2

Code specifying the exception reason for consideration of out-of-network health care services

Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

ALIAS: Exception code

HCP15

1527

Situatio

## INDUSTRY: Exception Code

1	Non-Network Professional Provider in Network Hospital
2	Emergency Care
3	Services or Specialist not in Network
4	Out-of-Service Area
5	State Mandates
6	Other

Segment: NM1 Rendering Provider Name

Position: 500

**Notes:** 

Loop: 2420A Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required if the Rendering Provider NM1 information is different than that carried in the 2310B (claim) loop, or if the Rendering provider information is carried at the Billing/Pay-to Provider loop level (2010AA/AB) and this particular service line has a different Rendering Provider that what is given in the 2010AA/AB loop. The identifying payer-specific numbers are those that belong to the destination payer identified in loop 2010BB.

Used for all types of rendering providers including laboratories. The Rendering Provider is the person or company (laboratory or other facility) who rendered the care. In the case where a substitute provider (locum tenans) was used, that person should be entered here.

			Data Element Summary		
	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>	Attı	<u>ributes</u>
Required	NM101	98	<b>Entity Identifier Code</b>	M	ID 2/3
			Code identifying an organizational entity, a physical location,	prop	perty or an
			individual		
			The entity identifier in NM101 applies to all segments in this	itera	tion of Loop
			ID-2420.		
			INDUSTRY: Entity Identifier Code		
			82 Rendering Provider		
Required	NM102	1065	Entity Type Qualifier	M	ID 1/1
			Code qualifying the type of entity		
			INDUSTRY: Entity Type Qualifier		
			1 Person		
			Non-Person Entity		
Dogginod	NIM 102	1035		Λ	AN 1/35
Required	NM103	1035	Name Last or Organization Name	O	AN 1/35
			Individual last name or organizational name		
			ALIAS: Rendering Provider Last Name		
			NSF Reference: FB1-14.0		
			INDUSTRY: Rendering Provider Last or Organization Name		
Situatio	NM104	1036	Name First	o	AN 1/25
			Individual first name		
			Required if NM102=1 (person).		
			1 /		
			ALIAS: Rendering Provider First Name		
			NSF Reference: FB1-15.0		

Situatio	NM105	1037	INDUSTRY: Rend Name Middle	ering Provider First Name	o	AN 1/25
			Individual middle r	name or initial		
			Required if NM102	2=1 and the middle name/initial of the pers	on is	known.
			ALIAS: Rendering	Provider Middle Name		
			NSF Reference: FE	31-16.0		
			INDUSTRY: Rend	ering Provider Middle Name		
Not Used	NM106	1038	Name Prefix		O	AN 1/10
			Prefix to individual	name		
Situatio	NM107	1039	Name Suffix		O	AN 1/10
			Suffix to individual	name		
			Required if known.			
			ALIAS: Rendering	Provider Generation		
Required	NM108	66	INDUSTRY: Rend Identification Cod	ering Provider Name Suffix e <b>Qualifier</b>	X	ID 1/2
			Code designating tl	ne system/method of code structure used f	or Id	entification
			Code (67)	0.77.0		
			NSF Reference: FA	40-57.0		
			INDUSTRY: Ident	ification Code Qualifier		
			24	Employer's Identification Number		
			34	Social Security Number		
				Social Security Number cannot be used claims.		
	NN 5100	.=	XX	Health Care Financing Administration N Identifier		
Required	NM109	67	<b>Identification Cod</b>		X	AN 2/80
			Code identifying a			
			ALIAS: Rendering	Provider Primary Identifier		
			NSF Reference: FA	A0-23.0, FA0-58.0		
			INDUSTRY: Rend	ering Provider Identifier		
Not Used	NM110	706	Entity Relationshi	p Code	$\mathbf{X}$	ID 2/2
			Code describing en	tity relationship		
Not Used	NM111	98	<b>Entity Identifier C</b>	Code	0	ID 2/3
			Code identifying ar individual	n organizational entity, a physical location,	, prop	perty or an

Segment:  ${\bf PRV}$  Rendering Provider Specialty Information

**Position:** 505

**Loop:** 2420A Optional

Level: Detail

Usage: Optional (Must Use)

Max Use: 1

**Purpose:** To specify the identifying characteristics of a provider

Syntax Notes: Semantic Notes: Comments:

NI . 4 . ...

**Notes:** PRV02 qualifies PRV03.

	Ref.	Data	Data Exement Summary		
	Des.	<b>Element</b>	<u>Name</u>	Attı	<u>ributes</u>
Required	PRV01	1221	Provider Code	M	ID 1/3
			Code identifying the type of provider		
			INDUSTRY: Provider Code		
			PE Performing		
Required	PRV02	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
			ZZ is used to indicate the "Health Care Provider Taxonomy" (provider specialty code) which is available on the Washingt Company web site: http://www.wpc-edi.com. This taxonomy the Blue Cross Blue Shield Association and ASC X12N TG2	on Pu is m	iblishing aintained by
			INDUSTRY: Reference Identification Qualifier ZZ Mutually Defined		
			Health Care Provider Taxonomy Code l	ist	
Required	PRV03	127	Reference Identification	$\mathbf{M}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier ALIAS: Provider Specialty Code  Provider Specialty Code  NSF Reference: FA0-37.0	Set	or as
			INDUSTRY: Provider Taxonomy Code	_	
Not Used	PRV04	156	State or Province Code	0	ID 2/2
<b>N</b> 7	DD1/05	G02#	Code (Standard State/Province) as defined by appropriate go		nent agency
Not Used	PRV05	C035	Provider Specialty Information	0	
Ni. 4 Ti I	C02501	1222	To provide provider specialty information	3.4	A NI 1/2
Not Used	C03501	1222	Provider Specialty Code	M	AN 1/3
N. 4 T. 1	C02502	<b>550</b>	Code indicating the primary specialty of the provider, as defined in the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provider of the provi		
Not Used	C03502	559	Agency Qualifier Code	0	ID 2/2
Not Hand	C02502	1072	Code identifying the agency assigning the code values	0	ID 1/1
Not Used	C03503	1073	Yes/No Condition or Response Code	O	ID 1/1
Not Used	PRV06	1223	Code indicating a Yes or No condition or response  Provider Organization Code	0	ID 3/3
noi Oseu	1 17 4 00	1443	Code identifying the organizational structure of a provider	J	11 3/3
			Code identifying the organizational structure of a provider		

N2 Additional Rendering Provider Name Information **Segment:** 

**Position:** 510

Loop: 2420A Optional

Level: Detail **Usage:** Optional Max Use:

To specify additional names or those longer than 35 characters in length **Purpose:** 

**Syntax Notes: Semantic Notes: Comments:** 

Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names. **Notes:** 

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Rendering Provider Additional Name Information	Attr M	ibutes AN 1/60
Not Used	N202	93	INDUSTRY: Rendering Provider Name Additional Text Name Free-form name	o	AN 1/60

 ${f REF}$  Rendering Provider Secondary Identification **Segment:** 

**Position:** 525

2420A Loop: Optional

Level: Detail **Usage:** Optional Max Use:

To specify identifying information **Purpose:** 

At least one of REF02 or REF03 is required. **Syntax Notes:** 

If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:** 

**Notes:** 

REF04 contains data relating to the value cited in REF02.

Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.

			Data E	Clement Summary		
Required	Ref. <u>Des</u> . REF01	Data Element 128	<u>Name</u> Reference Ide	ntification Qualifier	<u>Attı</u> M	ributes ID 2/3
1				g the Reference Identification		
				eference Identification Qualifier		
			0B	State License Number		
			1B	Blue Shield Provider Number		
			1C	Medicare Provider Number		
			1D	Medicaid Provider Number		
			1G	Provider UPIN Number		
			1H	CHAMPUS Identification Number		
			EI	Employer's Identification Number		
			G2	Provider Commercial Number		
				A unique number assigned to a provid insurer	er by a	commercial
			LU	Location Number		
			N5	Provider Plan Network Identification	Numbe	er
			SY	A number assigned to identify a speci health care plan network Social Security Number	fic pro	vider in a
			X5	The social security number may not be Medicare.  State Industrial Accident Provider Nu		for
Required	REF02	127	Reference Idea		X	AN 1/30
noquireu	XEX V2	12,	Reference infor specified by the	rmation as defined for a particular Transaction e Reference Identification Qualifier ring Provider Secondary Identifier		
Not Used	REF03	352	INDUSTRY: R <b>Description</b>	endering Provider Secondary Identifier	X	AN 1/80
			A free-form des	scription to clarify the related data elements	and the	eir content
Not Used	REF04	C040	Reference Idea	ntifier	O	
Not Used	C04001	128	specified by the	or more reference numbers or identification e Reference Qualifier ntification Qualifier	numbo M	ers as ID 2/3
1,00 0,500	001001			g the Reference Identification		12 2,0
Not Used	C04002	127	Reference Idea	_	M	AN 1/30
.33 223	23.332		Reference infor	rmation as defined for a particular Transaction Reference Identification Qualifier		
D02737401 (0	0.401037000)		-	246		4 0 2001

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Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
Not Used	C04005	128	Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier  Reference Identification Qualifier	on Set o	or as ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	on Set o	or as

Segment: NM1 Purchased Service Provider Name

Position: 500

**Notes:** 

Loop: 2420B Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required if purchased services are being billed/reported on this claim. Purchased services are situations where (for example) a physician purchases a diagnostic exam from an outside entity. Purchased services do not include substitute (locum tenens) provider situations. All payer-specific identifying numbers belong to the destination payer identified in the 2010BB loop.

			Data Element Summary		
Required	Ref. <u>Des.</u> NM101	Data Element 98	<u>Name</u> Entity Identifier Code	Attr M	ributes ID 2/3
			Code identifying an organizational entity, a physical location	, prop	erty or an
			individual		
			The entity identifier in NM101 applies to all segments in this ID-2420.	iterat	tion of Loop
			INDUSTRY: Entity Identifier Code		
			QB Purchase Service Provider		
			Entity from which medical supplies may	be b	ought
Required	NM102	1065	Entity Type Qualifier	M	<b>ID</b> 1/1
			Code qualifying the type of entity		
			INDUSTRY: Entity Type Qualifier		
			1 Person		
			2 Non-Person Entity		
Not Used	NM103	1035	Name Last or Organization Name	O	AN 1/35
			Individual last name or organizational name		
Not Used	NM104	1036	Name First	O	AN 1/25
			Individual first name		
Not Used	NM105	1037	Name Middle	O	AN 1/25
			Individual middle name or initial		
Not Used	NM106	1038	Name Prefix	O	AN 1/10
			Prefix to individual name		
Not Used	NM107	1039	Name Suffix	O	AN 1/10
			Suffix to individual name		
Situatio	NM108	66	Identification Code Qualifier	$\mathbf{X}$	ID 1/2
			Code designating the system/method of code structure used f Code (67)	or Ide	entification
			Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.		
			INDUSTRY: Identification Code Qualifier		

			24	Employer's Identification Number			
		34 Social Security Number					
			XX	Health Care Financing Administration N Identifier	Vation	nal Provider	
Situatio	NM109	67	<b>Identification Code</b>	,	$\mathbf{X}$	AN 2/80	
			Code identifying a p				
			Required if either Employer's Identification/Social Security Number or				
			National Provider Identifier is known.				
			ALIAS: Purchased Service Provider's Primary Identification Numb				
			NSF Reference: FB0	0-11.0			
Not Used	NM110	706	INDUSTRY: Purcha Entity Relationship	ased Service Provider Identifier  Code	X	ID 2/2	
			Code describing enti	ity relationship			
Not Used	NM111	98	Entity Identifier Co	ode	O	ID 2/3	
			Code identifying an individual	organizational entity, a physical location,	prop	erty or an	

Segment:  ${f REF}$  Purchased Service Provider Secondary Identification

**Position:** 525

Loop: 2420B Optional

Level: Detail
Usage: Optional
Max Use: 5

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

**Notes:** 

1 REF04 contains data relating to the value cited in REF02.

Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.

			Data E	lement Summary		
Required	Ref. <u>Des</u> . REF01	Data Element 128	<u>Name</u> Reference Iden	tification Qualifier	_	ributes ID 2/3
-			Code qualifying	the Reference Identification		
				eference Identification Qualifier		
			0B	State License Number		
			1A	Blue Cross Provider Number		
			1B	Blue Shield Provider Number		
			1C	Medicare Provider Number		
			1D	Medicaid Provider Number		
			1G	Provider UPIN Number		
			1H	<b>CHAMPUS Identification Number</b>		
			EI	Employer's Identification Number		
			G2	Provider Commercial Number		
				A unique number assigned to a provide insurer	r by a	commercial
			LU	Location Number		
			N5	Provider Plan Network Identification N	iumbe	er
			SY	A number assigned to identify a specific health care plan network Social Security Number	.c pro	vider in a
			U3	The social security number may not be Medicare. Unique Supplier Identification Number		
			X5	State Industrial Accident Provider Nun		11)
Required	REF02	127	Reference Iden		X	AN 1/30
	122 02		Reference information specified by the	mation as defined for a particular Transaction Reference Identification Qualifier sed Service Provider Secondary Identifier	ı Set (	
Not Used	REF03	352	Description	archased Service Provider Secondary Identif	X	AN 1/80
				cription to clarify the related data elements a		eir content
Not Used	REF04	C040	Reference Iden		0	
			specified by the	or more reference numbers or identification. Reference Qualifier		
Not Used	C04001	128	Reference Iden	tification Qualifier	M	ID 2/3
P837V401 (C	004010X098)			350		August 8 2001

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			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	on Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	on Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	on Set o	or as

Segment: NM1 Service Facility Location

Position: 500

**Notes:** 

Loop: 2420C Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required when the location of health care service for this service line is different than that carried in the 2010AA (Billing Provider), 2010AB (Pay-to Provider), or 2310D Service Facility Location loops. All payer-specific identifying numbers belong to the destination payer identified in the 2010BB loop.

		uestinatio	on payer identi	fied in the 2010BB loop.		
Required	Ref. <u>Des</u> . NM101	Data <u>Element</u> 98	Data  Name Entity Identi	Element Summary	<u>Attr</u> M	ributes ID 2/3
Required	NWIIUI	90		ring an organizational entity, a physical loc		
			individual	entifier in NM101 applies to all segments in		•
			INDUSTRY:	Entity Identifier Code Service Location		
				Use when other codes in this elem-	ent do not	apply.
			FA	Facility		
			LI	Independent Lab		
			TO I	Outside laboratory which provides providing medical services	test result	s for entity
Dogginad	NIM 102	1065	TL Entity Type	Testing Laboratory	М	ID 1/1
Required	NM102	1005	Entity Type		M	ID 1/1
				ing the type of entity Entity Type Qualifier		
			2	Non-Person Entity		
Situatio	NM103	1035	<del>-</del>	or Organization Name	0	AN 1/35
Situatio	11111100	1000		st name or organizational name	Ü	1111 1/00
				ept when service was rendered in the patien	nt's home.	
			ALIAS: Serv	ice Facility Location Name		
			NSF Referen	ce: GX0-25.0		
Not Used	NM104	1036	INDUSTRY: Name First	Laboratory or Facility Name	0	AN 1/25
_,,,,,	- 1-1		Individual fir	est name		
Not Used	NM105	1037	Name Middl	e	0	AN 1/25
			Individual mi	iddle name or initial		
Not Used	NM106	1038	Name Prefix		O	AN 1/10
			Prefix to indi	vidual name		
D937V/01 (0	004010\(\forall \)			252		August 9, 2001

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Not Used	NM107	1039	Name Suffix		O	AN 1/10
			Suffix to individual name			
Situatio	NM108	66	Identification Code (	-	X	ID 1/2
			Code designating the system/method of code structure used for Identification Code (67)			
			Required if either Employer's Identification/Social Security Number (tax ID of service location) or National Provider Identifier is known.			er (tax ID of
			INDUSTRY: Identific 24	ation Code Qualifier Employer's Identification Number		
			34 S	ocial Security Number		
			Γ	On not use for Medicare claims.		
				Health Care Financing Administration Identifier	Natio	nal Provider
Situatio	NM109	67	<b>Identification Code</b>		$\mathbf{X}$	AN 2/80
			Code identifying a par	ty or other code		
				ployer's Identification/Social Security attional Provider Identifier is known.	Numb	er (tax ID of
			ALIAS: Service Facili	ty Location Identification Number		
			INDUSTRY: Laborate	ory or Facility Primary Identifier		
Not Used	NM110	706	<b>Entity Relationship (</b>		$\mathbf{X}$	ID 2/2
			Code describing entity	relationship		
Not Used	NM111	98	<b>Entity Identifier Cod</b>	e	O	ID 2/3
			Code identifying an or individual	ganizational entity, a physical location	ı, prop	perty or an

Segment: N2 Additional Service Facility Location Name Information

**Position:** 510

Loop: 2420C Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify additional names or those longer than 35 characters in length

Syntax Notes: Semantic Notes: Comments:

Notes: Required if the name in NM103 is greater than 35 characters. See example in Loop ID-

1000A Submitter, NM1 and N2 for how to handle long names.

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Service Facility Location Additional Name	Attr M	ributes AN 1/60
Not Used	N202	93	INDUSTRY: Laboratory or Facility Name Additional Text Name Free-form name	0	AN 1/60

Segment: N3 Service Facility Location Address

**Position:** 514

Loop: 2420C Optional

Level: Detail

Usage: Optional (Must Use)

Max Use:

**Purpose:** To specify the location of the named party

Syntax Notes: Semantic Notes: Comments:

Notes:

If service facility location is in an area where there are no street addresses, enter a

description of where the service was rendered (e.g., "crossroad of State Road 34 and 45"  $\,$ 

or "Exit near Mile marker 265 on Interstate 80".)

	Ref. Des.	Data <u>Element</u>	Name	<u>Attr</u>	<u>ibutes</u>
Required	N301	166	Address Information		AN 1/55
			Address information		
			ALIAS: Service Facility Location Address 1		
			NSF Reference: GX2-04.0		
			INDUSTRY: Laboratory or Facility Address Line		
Situatio	N302	166	Address Information	O	AN 1/55
			Address information		
			Required if a second address line exists.		
			ALIAS: Service Facility Location Address 2		
			NSF Reference: GX2-05.0		
			INDUSTRY: Laboratory or Facility Address Line		

Segment: N4 Service Facility Location City/State/ZIP

**Position:** 520

Loop: 2420C Optional

Level: Detail

Usage: Optional (Must Use)

Max Use:

Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 is required.

**Semantic Notes:** 

Comments: 1 A combination of either N401 through N404, or N405 and N406 may be adequate to

specify a location.

2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** If service facility location is in an area where there are no street addresses, enter the name

of the nearest town, state and zip of where the service was rendered.

	D 6	<b>.</b>	Data Element Summary		
	Ref. Des.	Data Element	Name	Attı	<u>ributes</u>
Required	N401	19	City Name	0	AN 2/30
			Free-form text for city name		
			ALIAS: Service Facility Location City		
			NSF Reference: GX2-06.0		
Required	N402	156	INDUSTRY: Laboratory or Facility City Name State or Province Code	0	ID 2/2
required	11102	100	Code (Standard State/Province) as defined by appropriate go	_	
			ALIAS: Service Facility Location State		
			NSF Reference: GX2-07.0		
Required	N403	116	INDUSTRY: Laboratory or Facility State or Province Code <b>Postal Code</b>	0	ID 3/15
			Code defining international postal zone code excluding punc (zip code for United States) ALIAS: Service Facility Location ZIP Code	tuatio	on and blanks
			NSF Reference: GX2-08.0		
Situatio	N404	26	INDUSTRY: Laboratory or Facility Postal Zone or ZIP Code Country Code	e 0	ID 2/3
			Code identifying the country		
			Required if the address is out of the U.S.		
			ALIAS: Service Facility Location Country Code		
			INDUSTRY: Country Code		
Not Used	N405	309	Location Qualifier	X	ID 1/2
• • • • •	<b>3740</b> <	210	Code identifying type of location		
Not Used	N406	310	Location Identifier	O	AN 1/30
			Code which identifies a specific location		

Segment:  ${f REF}$  Service Facility Location Secondary Identification

**Position:** 525

Loop: 2420C Optional

Level: Detail
Usage: Optional
Max Use: 5

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

**Notes:** 

1 REF04 contains data relating to the value cited in REF02.

Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.

			Data Elei	ment Summary		
	Ref.	Data				
	Des.	<b>Element</b>	Name			<u>ributes</u>
Required	REF01	128		fication Qualifier	M	ID 2/3
				ne Reference Identification		
			INDUSTRY: Refe	erence Identification Qualifier		
			0B	State License Number		
			1A	Blue Cross Provider Number		
			1B	Blue Shield Provider Number		
			1C	Medicare Provider Number		
			1D	Medicaid Provider Number		
			1G	Provider UPIN Number		
			1H	<b>CHAMPUS Identification Number</b>		
			G2	Provider Commercial Number		
				A unique number assigned to a provide insurer	r by a	commercial
			LU	Location Number		
			N5	Provider Plan Network Identification N	umbe	er
				A number assigned to identify a specif	c pro	vider in a
				health care plan network		
			TJ	Federal Taxpayer's Identification Num		
			X4	Clinical Laboratory Improvement Ame	ndme	nt Number
			X5	State Industrial Accident Provider Nun	ıber	
Required	REF02	127	Reference Identif	fication	X	AN 1/30
				ntion as defined for a particular Transaction	Set o	or as
				eference Identification Qualifier	λΤ 1	
			ALIAS: Service F	acility Location Secondary Identification	Numb	er
			INDUSTRY: Serv	vice Facility Location Secondary Identifier		
Not Used	REF03	352	Description	Too I wonney Economic Secondary I wondered	X	AN 1/80
			A free-form descr	iption to clarify the related data elements a	nd the	eir content
Not Used	REF04	C040	Reference Identif	•	O	
			To identify one or	more reference numbers or identification	numb	ers as
			•	eference Qualifier		
Not Used	C04001	128	Reference Identif	fication Qualifier	M	ID 2/3
			Code qualifying the	ne Reference Identification		
Not Used	C04002	127	Reference Identif	fication	$\mathbf{M}$	AN 1/30
				ation as defined for a particular Transaction	Set o	or as
				eference Identification Qualifier		
Not Used	C04003	128	Reference Identi	fication Qualifier	X	ID 2/3
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DRAFT			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transacti specified by the Reference Identification Qualifier	on Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

NM1 Supervising Provider Name **Segment:** 

**Position:** 500

> 2420D Loop: Optional

Level: Detail Usage: Optional Max Use:

**Purpose:** To supply the full name of an individual or organizational entity If either NM108 or NM109 is present, then the other is required. **Syntax Notes:** 

If NM111 is present, then NM110 is required.

**Semantic Notes:** NM102 qualifies NM103.

NM110 and NM111 further define the type of entity in NM101. **Comments:** 

Because the usage of this segment is "Situational" this is not a syntactically required **Notes:** loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for

further details on ASC X12 syntax rules.

Required when rendering provider is supervised by a physician and the supervising physician is different than that listed at the claim level for this service line. All payespecific identifying numbers belong to the destination payer identified in loop 2010BB.

Data Element Summary							
Required	Ref. <u>Des.</u> NM101	Data Element 98	Name Entity Identifier Code		Attributes M ID 2/3		
			Code identifying an organizational entity, a physical location individual INDUSTRY: Entity Identifier Code	prop	perty or an		
			DQ Supervising Physician				
Required	NM102	1065	Entity Type Qualifier	M	<b>ID</b> 1/1		
			Code qualifying the type of entity				
			INDUSTRY: Entity Type Qualifier				
			1 Person				
Required	NM103	1035	Name Last or Organization Name	O	AN 1/35		
			Individual last name or organizational name				
			ALIAS: Supervising Provider Last Name				
			NSF Reference: FB1-18.0				
			INDUSTRY: Supervising Provider Last Name				
Required	NM104	1036	Name First	O	AN 1/25		
			Individual first name				
			ALIAS: Supervising Provider First Name				
			NSF Reference: FB1-19.0				
Situatio	NM105	1037	INDUSTRY: Supervising Provider First Name Name Middle	0	AN 1/25		
Situatio	NIVIIUS	1037		О	AN 1/25		
			Individual middle name or initial  Paguired if NM102-1 and the middle name/initial of the page	on ic	Iznoven		
			Required if NM102=1 and the middle name/initial of the pers	on is	KIIOWII.		
			ALIAS: Supervising Provider Middle Name				
			NSF Reference: FB1-20.0				
Not Used	NM106	1038	INDUSTRY: Supervising Provider Middle Name Name Prefix	o	AN 1/10		
			Prefix to individual name				

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Situatio	NM107	1039	Name Suffix		O	AN 1/10
			Suffix to individual na	ame		
			Required if known.			
			ALIAS: Supervising l	Provider Generation		
			INDUSTRY: Supervi	sing Provider Name Suffix		
Situatio	NM108	66	<b>Identification Code</b>		X	ID 1/2
			Code designating the Code (67)	system/method of code structure used for	or Ide	entification
				ployer's Identification/Social Security N's tax ID) or National Provider Identifie		
			INDUSTRY: Identific	cation Code Qualifier		
				Employer's Identification Number		
			34	Social Security Number		
			1	ised f	or	
				Health Care Financing Administration N Identifier	latior	nal Provider
Situatio	NM109	67	<b>Identification Code</b>		X	AN 2/80
			Code identifying a par	rty or other code		
				ployer's Identification/Social Security N's tax ID) or National Provider Identifie		
			ALIAS: Supervising I	Provider's Identification Number		
			NSF Reference: FB1-	21.0		
			INDUSTRY: Supervis	sing Provider Identifier		
Not Used	NM110	706	Entity Relationship	Code	X	ID 2/2
			Code describing entity	·		
Not Used	NM111	98	<b>Entity Identifier Cod</b>	le	0	ID 2/3
			Code identifying an o individual	rganizational entity, a physical location,	prop	erty or an

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N2 Additional Supervising Provider Name Information **Segment:** 

**Position:** 510

Loop: 2420D Optional

Level: Detail **Usage:** Optional Max Use:

To specify additional names or those longer than 35 characters in length **Purpose:** 

**Syntax Notes: Semantic Notes: Comments:** 

Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names. **Notes:** 

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Supervising Provider Additional Name Information	Attr M	ibutes AN 1/60
Not Used	N202	93	INDUSTRY: Supervising Provider Name Additional Text Name Free-form name	o	AN 1/60

 ${f REF}$  Supervising Provider Secondary Identification **Segment:** 

**Position:** 525

2420D Loop: Optional

Level: Detail **Usage:** Optional Max Use:

To specify identifying information **Purpose:** 

At least one of REF02 or REF03 is required. **Syntax Notes:** 

If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:** 

**Notes:** 

REF04 contains data relating to the value cited in REF02.

Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.

			Data Elei	ment Summary		
Required	Ref. <u>Des.</u> REF01	Data Element 128	<u>Name</u> Reference Identii	iication Qualifier	<u>Attı</u> M	ributes ID 2/3
-			Code qualifying th	ne Reference Identification		
				erence Identification Qualifier		
			0B	State License Number		
			1B	Blue Shield Provider Number		
			1C	Medicare Provider Number		
			1D	Medicaid Provider Number		
			1G	Provider UPIN Number		
			1H	CHAMPUS Identification Number		
			EI	Employer's Identification Number		
			G2	Provider Commercial Number		
				A unique number assigned to a provide insurer	r by a	commercial
			LU	Location Number		
			N5	Provider Plan Network Identification N		
			SY	A number assigned to identify a specific health care plan network Social Security Number	ic pro	vider in a
			X5	The social security number may not be Medicare. State Industrial Accident Provider Num		for
Required	REF02	127	Reference Identif		X	AN 1/30
Required	KEF 02	127		ttion as defined for a particular Transaction		
			specified by the R	eference Identification Qualifier ng Provider Secondary Identifier	i set c	л аѕ
			NSF Reference: F	B1-21.0		
Not Used	REF03	352	Description	ervising Provider Secondary Identifier	X	AN 1/80
				ption to clarify the related data elements a	.nd the	eir content
Not Used	REF04	C040	Reference Identif		O	
			· ·	more reference numbers or identification	numbe	ers as
Not Used	C04001	128	specified by the R Reference Identif		M	ID 2/3
			Code qualifying the	ne Reference Identification		
Not Used	C04002	127	Reference Identif	ication	M	AN 1/30
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			Reference information as defined for a particular Transacti specified by the Reference Identification Qualifier	on Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transacti specified by the Reference Identification Qualifier	on Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transacti	on Set o	or as

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Segment: NM1 Ordering Provider Name

Position: 500

Loop: 2420E Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

**Notes:** Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

further details on ASC X12 syntax rules.

Required if a service or supply was ordered by a provider and that provider is a different entity than the rendering provider for this service line. All payer-specific identifiers belong to the destination payer identified in the 2010BB loop.

	- 0		<b>Data Element Summary</b>		
	Ref. <u>Des</u> .	Data <u>Element</u>	Name	Attı	<u>ibutes</u>
Required	NM101	98	<b>Entity Identifier Code</b>	M	ID 2/3
			Code identifying an organizational entity, a physical location	, prop	erty or an
			individual The entity identifier in NM101 applies to all segments in this	itoro	tion of Loon
			ID-2420.	пста	non or Loop
			INDUSTRY: Entity Identifier Code		
			DK Ordering Physician		
Required	NM102	1065	Entity Type Qualifier	M	ID 1/1
			Code qualifying the type of entity		
			INDUSTRY: Entity Type Qualifier		
Dogwinod	NM103	1035	1 Person	0	AN 1/35
Required	NWIIUS	1035	Name Last or Organization Name Individual last name or organizational name	U	AN 1/35
			ALIAS: Ordering Provider Last Name		
			ALIMS. Ordering Howard East Name		
			NSF Reference: FB1-06.0		
			INDUSTRY: Ordering Provider Last Name		
Required	NM104	1036	Name First	O	AN 1/25
			Individual first name		
			ALIAS: Ordering Provider First Name		
			NSF Reference: FB1-07.0		
			INDUSTRY: Ordering Provider First Name		
Situatio	NM105	1037	Name Middle	O	AN 1/25
			Individual middle name or initial		_
			Required if NM102=1 and the middle name/initial of the pers	son is	known.
			ALIAS: Ordering Provider Middle Name		
			NSF Reference: FB1-08.0		
			INDUSTRY: Ordering Provider Middle Name		

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Not Used	NM106	1038	Name Prefix	O	AN 1/10	
			Prefix to individual name			
Situatio	NM107	1039	Name Suffix	O	AN 1/10	
			Suffix to individual name			
			Required if known.			
			ALIAS: Ordering Provider Generation			
Situatio	NM108	66	INDUSTRY: Ordering Provider Name Suffix Identification Code Qualifier	X	ID 1/2	
			Code designating the system/method of code structure used Code (67)	l for Identification		
			Required if either Employer's Identification/Social Security provider's tax ID) or National Provider Identifier is known.	Numb	per (Ordering	
			INDUSTRY: Identification Code Qualifier			
			24 Employer's Identification Number			
			34 Social Security Number			
			The social security number may not be Medicare.	used 1	for	
			XX Health Care Financing Administration Identifier	Natio	nal Provider	
Situatio	NM109	67	Identification Code	X	AN 2/80	
			Code identifying a party or other code			
			Required if either Employer's Identification/Social Security provider's tax ID) or National Provider Identifier is known.	Numb	per (Ordering	
			ALIAS: Ordering Provider Primary Identifier			
			NSF Reference: FB0-09.0, FB1-09.0, GX0-29.0			
Not Used	NM110	706	INDUSTRY: Ordering Provider Identifier Entity Relationship Code	X	ID 2/2	
			Code describing entity relationship			
Not Used	NM111	98	Entity Identifier Code	O	ID 2/3	
			Code identifying an organizational entity, a physical location individual	ı, prop	perty or an	

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Segment: N2 Additional Ordering Provider Name Information

**Position:** 510

Loop: 2420E Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify additional names or those longer than 35 characters in length

Syntax Notes: Semantic Notes: Comments:

Notes: Required if the name in NM103 is greater than 35 characters. See example in Loop ID-

1000A Submitter, NM1 and N2 for how to handle long names.

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Ordering Provider Additional Name Information	Attr M	ibutes AN 1/60
Not Used	N202	93	INDUSTRY: Ordering Provider Name Additional Text Name Free-form name	O	AN 1/60

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Segment: N3 Ordering Provider Address

**Position:** 514

Loop: 2420E Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify the location of the named party

Syntax Notes: Semantic Notes: Comments:

Notes: Required when a Durable Medical Equipment Regional Carrier Certificate of Medical

Necessity (Medicare DMERC CMN) is used on service line for Medicare claims.

**Data Element Summary** 

Ref. Data Des. **Element Name Attributes** Required **Address Information** N301 166 M AN 1/55 Address information ALIAS: Ordering Provider Address 1 NSF Reference: FB2-06.0 INDUSTRY: Ordering Provider Address Line Situatio N302 166 **Address Information** O AN 1/55 Address information Required if a second address line exists. ALIAS: Ordering Provider Address 2 NSF Reference: FB2-07.0

INDUSTRY: Ordering Provider Address Line

Segment: N4 Ordering Provider City/State/ZIP Code

**Position:** 520

Loop: 2420E Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify the geographic place of the named partySyntax Notes: 1 If N406 is present, then N405 is required.

**Semantic Notes:** 

Comments: 1 A combination of either N401 through N404, or N405 and N406 may be adequate to

specify a location.

2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** Required when a Durable Medical Equipment Regional Carrier Certificate of Medical Necessity (Medicare DMERC CMN) is used on service line for Medicare claims.

	D.C	D-4-	Data Element Summary		
	Ref. Des.	Data Element	Name	Attı	<u>ributes</u>
Required	N401	19	City Name	O	AN 2/30
			Free-form text for city name		
			ALIAS: Ordering Provider City		
			NSF Reference: FB2-08.0		
Required	N402	156	INDUSTRY: Ordering Provider City Name State or Province Code	0	ID 2/2
requireu	11102	100	Code (Standard State/Province) as defined by appropriate go	_	
			ALIAS: Ordering Provider State		
			NSF Reference: FB0-10.0, FB2-09.0		
Required	N403	116	INDUSTRY: Ordering Provider State Code  Postal Code	0	ID 3/15
Required	11403	110	Code defining international postal zone code excluding punc	•	
			(zip code for United States)	tuatio	ni dila bidiks
			ALIAS: Ordering Provider Zip Code		
			NSF Reference: FB2-10.0		
Situatio	N404	26	INDUSTRY: Ordering Provider Postal Zone or ZIP Code Country Code	0	ID 2/3
Situatio	11404	20	Code identifying the country	O	10 2/5
			Required if the address is out of the U.S.		
			ALIAS: Ordering Provider Country Code		
			INDUSTRY: Country Code		
Not Used	N405	309	Location Qualifier	$\mathbf{X}$	ID 1/2
			Code identifying type of location		
Not Used	N406	310	Location Identifier	O	AN 1/30
			Code which identifies a specific location		

Segment:  ${f REF}$  Ordering Provider Secondary Identification

**Position:** 525

Loop: 2420E Optional

Level: Detail
Usage: Optional
Max Use: 5

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

**Notes:** 

es: 1 REF04 contains data relating to the value cited in REF02.

Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.

			Data El	lement Summary		
Required	Ref. <u>Des.</u> REF01	Data Element 128	<u>Name</u>	tification Qualifier	<u>Attı</u> M	ributes ID 2/3
			Code qualifying	the Reference Identification		
			INDUSTRY: Re	eference Identification Qualifier		
			0B	State License Number		
			1B	Blue Shield Provider Number		
			1C	Medicare Provider Number		
			1D	Medicaid Provider Number		
			1G	Provider UPIN Number		
			1H	CHAMPUS Identification Number		
			EI	Employer's Identification Number		
			G2	Provider Commercial Number		
			***	A unique number assigned to a providinsurer	er by a	commercial
			LU	Location Number		
			N5	Provider Plan Network Identification I		
			SY	A number assigned to identify a specific health care plan network Social Security Number	ic pro	vider in a
			X5	The social security number may not be Medicare. State Industrial Accident Provider Number 1		for
Required	REF02	127	Reference Iden		X	AN 1/30
2004	2121 V2		Reference inforr specified by the	nation as defined for a particular Transactio Reference Identification Qualifier g Provider Secondary Identifier		
Not Used	REF03	352	INDUSTRY: On <b>Description</b>	dering Provider Secondary Identifier	X	AN 1/80
			A free-form desc	cription to clarify the related data elements	and the	eir content
Not Used	REF04	C040	Reference Iden	tifier	O	
Not Used	C04001	128	specified by the	or more reference numbers or identification Reference Qualifier tification Qualifier	numbe	ers as ID 2/3
			Code qualifying	the Reference Identification		
Not Used	C04002	127	Reference Iden		$\mathbf{M}$	AN 1/30
				nation as defined for a particular Transaction Reference Identification Qualifier	n Set o	or as

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Not Used	C04003	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30
Not Used	C04005	128	Reference information as defined for a particular Transacti specified by the Reference Identification Qualifier <b>Reference Identification Qualifier</b>	on Set o	or as ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transacti specified by the Reference Identification Qualifier	on Set o	or as

Segment: PER Ordering Provider Contact Information

**Position:** 530

Loop: 2420E Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To identify a person or office to whom administrative communications should be directed

**Syntax Notes:** 1 If either PER03 or PER04 is present, then the other is required.

- 2 If either PER05 or PER06 is present, then the other is required.
- 3 If either PER07 or PER08 is present, then the other is required.

# **Semantic Notes:** Comments:

Notes:

When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g., (534) 224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.

Required when services involving an oxygen therapy certificate of medical necessity (CMN) is being billed/reported on this service line.

By definition of the standard, if PER03 is used, PER04 is required.

			Dat	a Element Summary		
	Ref. <u>Des.</u>	Data <u>Element</u>	<u>Name</u>			<u>ributes</u>
Required	PER01	366	Contact Fu	nction Code	M	ID 2/2
			Code identif	fying the major duty or responsibility of the pers	son or	group named
			INDUSTRY	: Contact Function Code		
			IC	Information Contact		
Required	PER02	93	Name		O	AN 1/60
			Free-form na	ame		
			INDUSTRY	7: Ordering Provider Contact Name		
Required	PER03	365	Communica	ation Number Qualifier	$\mathbf{X}$	ID 2/2
			Code identif	fying the type of communication number		
			INDUSTRY	: Communication Number Qualifier		
			EM	Electronic Mail		
			FX	Facsimile		
			TE	Telephone		
Required	PER04	364	Communica	ation Number	X	AN 1/80
			applicable	ommunications number including country or are nce: GX0-30.0, GU0-23.0	a code	when
			INDUSTRY	: Communication Number		
Situatio	PER05	365	Communica	ation Number Qualifier	$\mathbf{X}$	ID 2/2
			Code identif	fying the type of communication number		
			Used at disc	eretion of submitter.		
			INDUSTRY	7: Communication Number Qualifier		
			EM	Electronic Mail		
			EX	Telephone Extension		
			FX	Facsimile		

			TE	Telephone		
Situatio	PER06	364	Communication N	umber	$\mathbf{X}$	AN 1/80
			Complete communi applicable	cations number including country or area	code	when
			Used at discretion of	of submitter.		
			INDUSTRY: Comr	nunication Number		
Situatio	PER07	365	Communication N	umber Qualifier	$\mathbf{X}$	ID 2/2
			Code identifying th	e type of communication number		
			Used at discretion of	of submitter.		
			INDUSTRY: Comr EM	nunication Number Qualifier Electronic Mail		
			EX	Telephone Extension		
			FX	Facsimile		
			TE	Telephone		
Situatio	PER08	364	Communication N	umber	$\mathbf{X}$	AN 1/80
			Complete communi applicable Used at discretion of	ications number including country or area	code	when
			osed at discretion o	of Submitter.		
			INDUSTRY: Comr	nunication Number		
Not Used	PER09	443	Contact Inquiry R	eference	O	AN 1/20
			Additional reference	e number or description to clarify a contact	t nur	nber

Segment: NM1 Referring Provider Name

Position: 500

**Notes:** 

**Loop:** 2420F Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

2 If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required if this service line involves a referral and the referring provider is different than the rendering provider and if the referring provider differs from that reported at the claim level (loop 2310A). All payer-specific identifying numbers belong to the destination payer identified in the 2010BB loop.

When there is only one referral on the service line use code "DN - Referring Provider". When more than one referral exists and there is a requirement to report the additional referral, use code DN in the first iteration of this loop to indicate the referral received by the rendering provider on this service line. Use code "P3 - Primary Care Provider" in the second iteration of the loop to indicate the initial referral from the primary care provider or whatever provider wrote the initial referral for this patient's episode of care being billed/reported in this transaction.

			Data Elen	ient Summary		
	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>		<u>Attr</u>	<u>ributes</u>
Required	NM101	98	<b>Entity Identifier C</b>	Code	$\mathbf{M}$	ID 2/3
			Code identifying an	n organizational entity, a physical location,	prop	erty or an
			individual			
			INDUSTRY: Entity	y Identifier Code		
			DN	Referring Provider		
				Use on the first iteration of this loop. Us	e if l	oop is used
				only once.		-
			P3	Primary Care Provider		
				Physician that is selected by the insured	to pr	ovide
				medical care		
				Use only if loop is used twice. Use only	on se	econd
D : 1	NIN #100	1065		iteration of this loop.	3.7	ID 1/1
Required	NM102	1065	Entity Type Quali		M	ID 1/1
			Code qualifying the	e type of entity		
			INDUSTRY: Entity	y Type Qualifier		
			1	Person		
Required	NM103	1035	Name Last or Org	ganization Name	O	AN 1/35
			Individual last nam	e or organizational name		
			NSF Reference: FF	31-10.0		
D : 1	NIN #10.4	1026		rring Provider Last Name	•	A NI 1/05
Required	NM104	1036	Name First		O	AN 1/25
			Individual first nan	ne		
			NSF Reference: FF	31-11.0		
			INDUSTRY: Refer	rring Provider First Name		
			II DODINI. ROICI	11115 110,1001 11101 11011		

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Situatio	NM105	1037	Name Middle		O	AN 1/25
				Individual middle name or initial		
			Required if NM102	=1 and the middle name/initial of the pers	on is	known.
			NSF Reference: FE	31-12.0		
			INDUSTRY: Refer	ring Provider Middle Name		
Not Used	NM106	1038	Name Prefix		O	AN 1/10
			Prefix to individual	name		
Situatio	NM107	1039	Name Suffix		O	AN 1/10
			Suffix to individual	name		
			Required if known.			
			ALIAS: Referring	Provider Generation		
			INDUSTRY: Refer	ring Provider Name Suffix		
Situatio	NM108	66	<b>Identification Cod</b>	e Qualifier	$\mathbf{X}$	ID 1/2
				ne system/method of code structure used f	or Ide	entification
			Code (67)	Employer's Identification/Social Security	Jumb	on (Deferring
				Employer's Identification/Social Security National Provider Identifier is known.	vuiiic	er (Referring
			DIDIIGEDIA II			
			INDUSTRY: Ident	fication Code Qualifier Employer's Identification Number		
			34	Social Security Number		
				The social security number may not be u	ised 1	for
				Medicare.		
			XX	Health Care Financing Administration N Identifier	Vation	nal Provider
Situatio	NM109	67	Identification Cod		X	AN 2/80
			Code identifying a	party or other code		
				Employer's Identification/Social Security N	Jumb	er (Referring
				National Provider Identifier is known.		
			ALIAS: Referring	Provider's Identification Number		
			NSF Reference: FE	31-13.0, FA0-24.0		
			INDUSTRY: Refer	ring Provider Identifier		
Not Used	NM110	706	<b>Entity Relationshi</b>	•	X	ID 2/2
			Code describing en	tity relationship		
Not Used	NM111	98	<b>Entity Identifier C</b>	Code	0	ID 2/3
			Code identifying ar individual	n organizational entity, a physical location	, prop	perty or an

Segment:  $\mathbf{PRV}$  Referring Provider Specialty Information

**Position:** 505

Loop: 2420F Optional Level: Detail

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify the identifying characteristics of a provider

Syntax Notes: Semantic Notes: Comments:

**Notes:** Required if required under provider-payer contract.

PRV02 qualifies PRV03.

			Data Element Summary		
	Ref.	Data			
D : 1	Des.	<u>Element</u>	Name		ibutes
Required	PRV01	1221	Provider Code	M	ID 1/3
			Code identifying the type of provider		
			INDUSTRY: Provider Code		
			RF Referring		
Required	PRV02	128	Reference Identification Qualifier	$\mathbf{M}$	ID 2/3
			Code qualifying the Reference Identification		
			ZZ is used to indicate the "Health Care Provider Taxonomy"	code	list
			(provider specialty code) which is available on the Washingt Company web site: http://www.wpc-edi.com. This taxonomy the Blue Cross Blue Shield Association and ASC X12N TG2	is ma	aintained by
			INDUSTRY: Reference Identification Qualifier ZZ Mutually Defined		
			Health Care Provider Taxonomy Code l	ist	
Required	PRV03	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier ALIAS: Provider Specialty Code  Provider Specialty Code	Set o	or as
Not Used	PRV04	156	INDUSTRY: Provider Taxonomy Code State or Province Code	O	ID 2/2
110t escu	1101	100	Code (Standard State/Province) as defined by appropriate go	_	
Not Used	PRV05	C035	Provider Specialty Information	0	ioni agoney
Not Oseu	1 K V U S	C033	- · ·	U	
NI 4 TI 1	002501	1222	To provide provider specialty information	3.7	A NI 1/2
Not Used	C03501	1222	Provider Specialty Code	M	AN 1/3
			Code indicating the primary specialty of the provider, as defi receiver	ned b	y the
Not Used	C03502	559	Agency Qualifier Code	O	ID 2/2
Not Osca	C03302	337	Code identifying the agency assigning the code values	J	11) 2/2
Not Used	C03503	1073	Yes/No Condition or Response Code	0	ID 1/1
1101 Oscu	C03303	1073		O	11/1/1
Not Hage	DDVAC	1222	Code indicating a Yes or No condition or response	0	ID 2/2
Not Used	PRV06	1223	Provider Organization Code	U	ID 3/3
			Code identifying the organizational structure of a provider		

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N2 Additional Referring Provider Name Information **Segment:** 

**Position:** 510

Loop: 2420F Optional

Level: Detail **Usage:** Optional Max Use:

To specify additional names or those longer than 35 characters in length **Purpose:** 

**Syntax Notes: Semantic Notes: Comments:** 

Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names. **Notes:** 

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Referring Provider Additional Name Information	Attr M	ibutes AN 1/60
Not Used	N202	93	INDUSTRY: Referring Provider Name Additional Text Name Free-form name	0	AN 1/60

 ${f REF}$  Referring Provider Secondary Identification **Segment:** 

**Position:** 525

2420F Loop: Optional

Level: Detail **Usage:** Optional Max Use:

To specify identifying information **Purpose:** 

**Syntax Notes:** At least one of REF02 or REF03 is required.

If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:** 

**Notes:** 

REF04 contains data relating to the value cited in REF02.

Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.

			Data Ele	ement Summary		
Required	Ref. <u>Des.</u> REF01	Data Element 128	<u>Name</u> Reference Identi	ification Qualifier	<u>Attı</u> M	ributes ID 2/3
•				the Reference Identification		
				Perence Identification Qualifier		
			0B	State License Number		
			1B	Blue Shield Provider Number		
			1C	Medicare Provider Number		
			1D	Medicaid Provider Number		
			1G	Provider UPIN Number		
			1H	CHAMPUS Identification Number		
			EI	Employer's Identification Number		
			G2	Provider Commercial Number		
				A unique number assigned to a provide insurer	er by a	commercial
			LU	Location Number		
			N5	Provider Plan Network Identification I	Numbe	r
			SY	A number assigned to identify a specific health care plan network Social Security Number	fic prov	vider in a
				The social security number may not be Medicare.	used 1	for
			X5	State Industrial Accident Provider Nur	nber	
Required	REF02	127	Reference Identi	ification	X	AN 1/30
			specified by the I	ation as defined for a particular Transactio Reference Identification Qualifier Ferring Provider Secondary Identifier	n Set o	or as
Not Used	REF03	352	Description		$\mathbf{X}$	AN 1/80
			A free-form descri	ription to clarify the related data elements	and the	eir content
Not Used	REF04	C040	Reference Identi	ifier	O	
				r more reference numbers or identification Reference Qualifier	numbe	ers as
Not Used	C04001	128	Reference Identi	ification Qualifier	$\mathbf{M}$	ID 2/3
			Code qualifying t	the Reference Identification		
Not Used	C04002	127	Reference Identi		$\mathbf{M}$	AN 1/30
				ation as defined for a particular Transactio Reference Identification Qualifier	n Set o	or as
Not Used	C04003	128	Reference Identi	ification Qualifier	X	ID 2/3

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DIVIII			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transacti specified by the Reference Identification Qualifier	on Set of	or as
Not Used	C04005	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transacti specified by the Reference Identification Qualifier	on Set o	or as

NM1 Other Payer Prior Authorization or Referral Number **Segment:** 

**Position:** 500

> 2420G Loop: Optional

Level: Detail Usage: Optional Max Use:

**Purpose:** 

**Notes:** 

To supply the full name of an individual or organizational entity **Syntax Notes:** If either NM108 or NM109 is present, then the other is required.

If NM111 is present, then NM110 is required.

NM102 qualifies NM103. **Semantic Notes:** 

NM110 and NM111 further define the type of entity in NM101. **Comments:** 

> Required when it is necessary, in COB situations, to send a payer-specific line level referral number or prior authorization number. The payer-specific numbers carried in the REF in this loop belong to the non-destination (COB) payers.

The strategy in using this loop is to use NM109 to identify which payer the prior authorization/referral number carried in the REF of this loop belongs to. For example, if there are 2 COB payers (non-destination payers) who have additional referral numbers for this service line the data string for the 2420G loop would look like this:

NM1\*PR\*2\*\*\*\*\*\*PI\*PAYER #1 ID~

(This payer ID would be identified in an iteration of loop 2330B in it's own 2320 loop)

REF\*9F\*AAAAAAA~

NM1\*PR\*2\*\*\*\*\*PI\*PAYER#2 ID~

(This payer ID would also be identified in an interation of loop 2330B in it's own 2320

loop) REF\*9F\*2BBBBBB-~

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

	<b></b>	<b>-</b>	Data Element Summary		
	Ref.	Data	NT.		
D	Des.	Element	Name		ributes
Required	NM101	98	Entity Identifier Code	M	ID 2/3
			Code identifying an organizational entity, a physical location	ı, proj	perty or an
			individual		
			INDUSTRY: Entity Identifier Code		
			PR Payer		
Required	NM102	1065	Entity Type Qualifier	M	ID 1/1
			Code qualifying the type of entity		
			INDUSTRY: Entity Type Qualifier		
			2 Non-Person Entity		
Required	NM103	1035	Name Last or Organization Name	O	AN 1/35
			Individual last name or organizational name		
			ALIAS: Payer Name		
			INDUSTRY: Payer Name		
Not Used	NM104	1036	Name First	O	AN 1/25
			Individual first name		
Not Used	NM105	1037	Name Middle	0	AN 1/25
110t Cscu	1111100	1007	Individual middle name or initial	O	1111 1/20
NI 4 TI 1	NIN #106	1020		_	A 30 4 44 0
Not Used	NM106	1038	Name Prefix	O	AN 1/10
			Prefix to individual name		
Not Used	NM107	1039	Name Suffix	O	AN 1/10
			Suffix to individual name		
Required	NM108	66	Identification Code Qualifier	$\mathbf{X}$	ID 1/2
P837V401 (0	04010X098)		379		August 8, 2001

Code designating the system/method of code structure used for Identification

Code (67)

INDUSTRY: Identification Code Qualifier
PI Payor Identification

XV Health Care Financing Administration National Payer

Identification Number (PAYERID)

Required NM109 67 Identification Code X AN 2/80

Code identifying a party or other code

Must match corresponding Other Payer Identifier in NM109 in 2330B loop(s).

ALIAS: Other Payer Identification

INDUSTRY: Other Payer Identification Number

Not Used NM110 706 Entity Relationship Code X ID 2/2

Code describing entity relationship

Not Used NM111 98 Entity Identifier Code O ID 2/3

Code identifying an organizational entity, a physical location, property or an individual

Segment:  $\operatorname{REF}$  Other Payer Prior Authorization or Referral Number

**Position:** 525

Loop: 2420G Optional

Level: Detail

Usage: Optional (Must Use)

Max Use: 2

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

If either C04003 or C04004 is present, then the other is required.
If either C04005 or C04006 is present, then the other is required.

1 REF04 contains data relating to the value cited in REF02.

**Semantic Notes:** Comments:

**Notes:** Non-destination (COB) payers' provider identification number(s).

	D. C	D-4-	Data Element Summary		
	Ref. <u>Des.</u>	Data Element	Name	Attı	<u>ributes</u>
Required	REF01	128	Reference Identification Qualifier	M	ID 2/3
•			Code qualifying the Reference Identification		
			INDUSTRY: Reference Identification Qualifier		
			9F Referral Number		
			G1 Prior Authorization Number		
			An authorization number acquired prior of a claim	r to th	e submission
Required	REF02	127	Reference Identification	X	AN 1/30
-			Reference information as defined for a particular Transaction	ı Set c	or as
			specified by the Reference Identification Qualifier		
			ALIAS: Other Payer Prior Authorization or Referral Numbe	r	
			INDUSTRY: Other Payer Prior Authorization or Referral N	umber	ſ
Not Used	REF03	352	Description	$\mathbf{X}$	AN 1/80
			A free-form description to clarify the related data elements a	eir content	
Not Used	REF04	C040	Reference Identifier	O	
			To identify one or more reference numbers or identification specified by the Reference Qualifier	numbe	ers as
Not Used	C04001	128	Reference Identification Qualifier	$\mathbf{M}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	$\mathbf{M}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	ı Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction	ı Set o	or as
Ni. 4 Ti I	C04005	120	specified by the Reference Identification Qualifier	<b>3</b> 7	ID 2/2
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
NI.4 TI I	C04006	105	Code qualifying the Reference Identification	<b>X</b> 7	A NI 1/20
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	ı Set c	or as

Segment:  ${f SVD}$  Line Adjudication Information

Position: 540

Loop: 2430 Optional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To convey service line adjudication information for coordination of benefits between the

initial payers of a health care claim and all subsequent payers

**Syntax Notes:** 

**Semantic Notes:** 1 SVD01 is the payer identification code.

- 2 SVD02 is the amount paid for this service line.
- 3 SVD04 is the revenue code.
- 4 SVD05 is the paid units of service.

#### **Comments:**

- 1 SVD03 represents the medical procedure code upon which adjudication of this service line was based. This may be different than the submitted medical procedure code.
- 2 SVD06 is only used for bundling of service lines. It references the LX Assigned Number of the service line into which this service line was bundled.

#### **Notes:**

To show unbundled lines: If, in the original claim, line 3 is unbundled into (for examples) 2 additional lines, then the SVD for line 3 is used 3 times: once for the original adjustment to line 3 and then two more times for the additional unbundled lines. If a line item control number (REF01 = 6R) exists for the line, that number may be used in SVD06 instead of the LX number when a line is unbundled.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required if claim has been previously adjudicated by payer identified in Loop 2330B and service line has adjustments applied to it.

			Data Element Summary				
	Ref. <u>Des.</u>	Data <u>Element</u>	<u>Name</u>	<u>Attr</u>	<u>ributes</u>		
Required	SVD01	67	Identification Code	$\mathbf{M}$	AN 2/80		
			Code identifying a party or other code				
			This number should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-2330B identified the should match NM109 in Loop ID-230B identified	fying	Other Payer.		
			ALIAS: Other Payer identification code				
Required	SVD02	782	INDUSTRY: Other Payer Primary Identifier  Monetary Amount	M	R 1/18		
			Monetary amount				
			Zero "0" is an acceptable value for this element.				
			The FA0-52.0 NSF crosswalk is only used in payer-to-payer	СОВ	situations.		
			ALIAS: Paid Amount				
			NSF Reference: FA0-52.0				
Required	SVD03	C003	INDUSTRY: Service Line Paid Amount Composite Medical Procedure Identifier	o			
			To identify a medical procedure by its standardized codes and modifiers	d app	licable		
			This element contains the procedure code that was used to pay this service lin It crosswalks from SVC01 in the 835 transmission.				

Code identifying the type/source of the descriptive number used in Product/Service ID (234) INDUSTRY: Product or Service ID Qualifier HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory surgical and other diagnostic departments Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC. IV Home Infusion EDI Coalition (HIEC) Product/Service Codes they are reported under HC. IV Home Infusion EDI Coalition (HIEC) Product/Service Codes they are reported under HC. IV Home Infusion EDI Coalition (HIEC) Product/Service Code in S-12 Format 4-digit manufacturer ID, 3-digit product ID, 2-digit trade package size N2 National Drug Code in 5-3-2 Format 5-digit manufacturer ID, 3-digit product ID, 2-digit trade package size N3 National Drug Code in 5-4-2 Format 5-digit manufacturer ID, 4-digit product ID, 1-digit trade package size N4 National Drug Code in 5-4-2 Format 5-digit manufacturer ID, 4-digit product ID, 2-digit trade package size N4 National Drug Code in 5-4-2 Format 5-digit manufacturer ID, 4-digit product ID, 2-digit trade package size N5 National Drug Code in 5-4-2 Format 5-digit manufacturer ID, 4-digit product ID, 2-digit trade package size N6 National Drug Code in 5-4-2 Format 5-digit manufacturer ID, 4-digit product ID, 2-digit trade package size N8 National Drug Code in 5-4-2 Format 5-digit manufacturer ID, 4-digit product ID, 2-digit trade package size N9 National Drug Code in 5-4-2 Format 5-digit manufacturer ID, 4-digit product ID, 2-digit trade package size N9 National Drug Code in 5-4-2 Format 5-digit product ID, 2-digit trade package size N9 National Drug Code in 5-4-2 Format 5-digit product ID, 2-digit trade package size N9 National Drug Code in 5-4-2 Format 5-digit product ID, 1-digit trade package size N9 National Drug Code in 5-4-2 Format 6-digit product ID, 1-digit trade package size N9 National	DRAFT Required	C00301	235	ALIAS: Procedure Product/Service II		M ID 2/2
HC Health Care Financing, Administration Common Procedural Coding System (HCPCS) Codes HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory surgical and other diagnostic departments Because the AMA'S CPT codes are also level 1 HCPCS codes, they are reported under HC.  IV Home Infusion EDI Coalition (HIFC) Product/Service Code National Drug Code in 4-4-2 Format 4-digit manufacturer ID, 4-digit product ID, 2-digit trade package size N2 National Drug Code in 5-3-2 Format 5-digit manufacturer ID, 3-digit product ID, 2-digit trade package size N3 National Drug Code in 5-4-1 Format 5-digit manufacturer ID, 4-digit product ID, 1-digit trade package size N4 National Drug Code in 5-4-2 Format 5-digit manufacturer ID, 4-digit product ID, 1-digit trade package size N4 National Drug Code in 5-4-2 Format 5-digit manufacturer ID, 4-digit product ID, 2-digit trade package size N4 National Drug Code in 5-4-2 Format 5-digit manufacturer ID, 4-digit product ID, 2-digit trade package size N4 National Drug Code in 5-4-2 Format 5-digit manufacturer ID, 4-digit product ID, 2-digit trade package size N4 National Drug Code in 5-4-2 Format 5-digit manufacturer ID, 4-digit product ID, 2-digit trade package size N4 National Drug Code in 5-4-2 Format 15-digit manufacturer ID, 4-digit product ID, 2-digit trade package size N4 National Drug Code in 5-4-2 Format 15-digit manufacturer ID, 4-digit product ID, 2-digit trade package size N4 National Drug Code in 5-4-2 Format 15-digit manufacturer ID, 4-digit product ID, 2-digit trade package size N5 National Drug Code in 5-4-2 Format 15-digit manufacturer ID, 4-digit product ID, 2-digit trade package size N4 National Drug Code in 5-4-2 Format 15-digit manufacturer ID, 4-digit product ID, 2-digit trade package size N5 National Drug Code in 5-4-2 Format 15-digit manufacturer ID, 4-digit product ID, 2-digit trade package size N5 National Drug Code in 5-4-2 Format 15-digit manufacturer ID, 4-digit product ID,	-	Product/Service ID (234)				
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				This identifies spec		nce of the service,

as defined by trading partners

Use this modifier for the third procedure code modifier.

Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.

ALIAS: Procedure Modifier 3

INDUSTRY: Procedure Modifier

Situatio C00306 1339 Procedure Modifier

O AN 2/2

This identifies special circumstances related to the performance of the service, as defined by trading partners

Use this modifier for the fourth procedure code modifier.

Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.

ALIAS: Procedure Modifier 4

INDUSTRY: Procedure Modifier

Situatio C00307 352 Description

O AN 1/80

A free-form description to clarify the related data elements and their content Required if SVC01-7 was returned in the 835 transaction.

INDUSTRY: Procedure Code Description

Not Used SVD04 234 Product/Service ID

O AN 1/48

Identifying number for a product or service

Required SVD05 380 Quantity

O R 1/15

Numeric value of quantity

Crosswalk from SVC05 in 835 or, if not present in 835, use original billed units.

unii tot

ALIAS: Paid units of service

INDUSTRY: Paid Service Unit Count

Situatio SVD06 554 Assigned Number

O N0 1/6

Number assigned for differentiation within a transaction set

Use the LX from this transaction which points to the bundled/unbundled line.

Required if payer bundled/unbundled this service line.

ALIAS: Bundled/Unbundled Line Number

INDUSTRY: Bundled or Unbundled Line Number

Segment: CAS Line Adjustment

**Position:** 545

Loop: 2430 Optional

Level: Detail
Usage: Optional
Max Use: 99

**Purpose:** To supply adjustment reason codes and amounts as needed for an entire claim or for a

particular service within the claim being paid

**Syntax Notes:** 1 If CAS05 is present, then at least one of CAS06 or CAS07 is required.

- 2 If CAS06 is present, then CAS05 is required.3 If CAS07 is present, then CAS05 is required.
- 4 If CAS08 is present, then at least one of CAS09 or CAS10 is required.
- 5 If CAS09 is present, then CAS08 is required.6 If CAS10 is present, then CAS08 is required.
- 7 If CAS11 is present, then at least one of CAS12 or CAS13 is required.
- 8 If CAS12 is present, then CAS11 is required.9 If CAS13 is present, then CAS11 is required.
- 10 If CAS14 is present, then at least one of CAS15 or CAS16 is required.
- 11 If CAS15 is present, then CAS14 is required.12 If CAS16 is present, then CAS14 is required.
- 13 If CAS17 is present, then at least one of CAS18 or CAS19 is required.
- 14 If CAS18 is present, then CAS17 is required.
- 15 If CAS19 is present, then CAS17 is required.

#### **Semantic Notes:**

- CAS03 is the amount of adjustment.
- 2 CAS04 is the units of service being adjusted.
- 3 CAS06 is the amount of the adjustment.
- 4 CAS07 is the units of service being adjusted.
- 5 CAS09 is the amount of the adjustment.
- **6** CAS10 is the units of service being adjusted.
- 7 CAS12 is the amount of the adjustment.
- **8** CAS13 is the units of service being adjusted.
- **9** CAS15 is the amount of the adjustment.
- **10** CAS16 is the units of service being adjusted.
- 11 CAS18 is the amount of the adjustment.
- **12** CAS19 is the units of service being adjusted.

#### **Comments:**

- Adjustment information is intended to help the provider balance the remittance information. Adjustment amounts should fully explain the difference between submitted charges and the amount paid.
- 2 When the submitted charges are paid in full, the value for CAS03 should be zero.

**Notes:** 

Required if the payer identified in Loop 2330B made line level adjustments which caused the amount paid to differ from the amount originally charged.

Mapping CAS information into a flat file format may involve reading specific Claim Adjustment Reason Codes and then mapping the subsequent Monetary Amount and/or Quantity elements to specific fields in the flat file.

There are some NSF COB elements which are covered through the use of the CAS segment. Please see the claim level CAS segment for a note on handling those crosswalks at the claim level. Some of that information may apply at the line level. Further information is given below which is more specific to line level issues.

Balance bill limiting charge (FA0-54.0). The adjustment for this information would be conveyed in a CAS amount element if the provider billed for more than they were allowed to under contract.

The Claim Adjustment Reason codes are located on the Washington Publishing Company web site http://www.wpc-edi.com.

#### **Data Element Summary**

Ref. Data

Required	Des. CAS01	Element 1033	Name Claim Adjustment Group Code		Attı M	ributes ID 1/2
			Code identifying the	general category of payment adjustment		
			ALIAS: Adjustment (	Group Code		
				Adjustment Group Code Contractual Obligations		
			CR	Correction and Reversals		
			OA	Other adjustments		
			PI	Payor Initiated Reductions		
			PR	Patient Responsibility		
Required	CAS02	1034	Claim Adjustment R	Reason Code	M	ID 1/5
			• •	detailed reason the adjustment was mad		
			Use the Claim Adjust	tment Reason Code list (See Appendix C	C).	
			ALIAS: Adjustment l	Reason Code - Line Level		
			NSF Reference: FB3-15.0, FB3-17.0	-05.0, FB3-07.0, FB3-09.0, FB3-11.0, F	В3-1	3.0, FB3-
			INDUSTRY: Adjustr	ment Reason Code		
Required	CAS03	782	Monetary Amount	nent Reason Code	M	R 1/18
•			Monetary amount			
			Use this amount for the	he adjustment amount.		
			ALIAS: Adjusted An	nount - Line Level		
				-27.0, FA0-28.0, FA0-35.0, FA0-48.0, F 06.0, FB3-08.0, FB3-10.0, FB3-12.0, F 53.0, FA0-54.0		
GA	G 1 G 1	200	INDUSTRY: Adjustn	nent Amount		D 4 44 E
Situatio	CAS04	380	Quantity		O	R 1/15
			Numeric value of qua			
			Use this quantity for t	the units of service being adjusted.		
			Use as needed to show	w payer adjustment.		
			ALIAS: Adjusted Un	its - Line Level		
			INDUSTRY: Adjustn	ment Quantity		
Situatio	CAS05	1034	Claim Adjustment R	Reason Code	$\mathbf{X}$	ID 1/5
			Code identifying the	detailed reason the adjustment was mad	e	
			Use as needed to show	w payer adjustment.		
			Use the Claim Adjust	tment Reason Code list (See Appendix Code list)	C).	
			ALIAS: Adjustment l	Reason Code - Line Level		
			NSF Reference: FB3-15.0, FB3-17.0	-05.0, FB3-07.0, FB3-09.0, FB3-11.0, F	В3-1	3.0, FB3-
			INDUSTRY: Adjustr	ment Reason Code		
Situatio	CAS06	782	<b>Monetary Amount</b>		X	R 1/18
			Monetary amount			
			Use this amount for the	he adjustment amount.		

Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Line Level

NSF Reference: FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-

16.0, FB3-18.0, FA0-53.0, FA0-54.0

INDUSTRY: Adjustment Amount

Situatio CAS07 380 Quantity X R 1/15

Numeric value of quantity

Use this quantity for the units of service being adjusted.

Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Line Level

INDUSTRY: Adjustment Quantity

Situatio CAS08 1034 Claim Adjustment Reason Code X ID 1/5

Code identifying the detailed reason the adjustment was made

Use as needed to show payer adjustment.

Use the Claim Adjustment Reason Code list (See Appendix C).

ALIAS: Adjustment Reason Code - Line Level

NSF Reference: FB3-05.0, FB3-07.0, FB3-09.0, FB3-11.0, FB3-13.0, FB3-

15.0, FB3-17.0

INDUSTRY: Adjustment Reason Code

Situatio CAS09 782 Monetary Amount X R 1/18

Monetary amount

Use this amount for the adjustment amount.

Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Line Level

NSF Reference: FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-

16.0, FB3-18.0, FA0-53.0, FA0-54.0

INDUSTRY: Adjustment Amount

Situatio CAS10 380 Quantity X R 1/15

Numeric value of quantity

Use this quantity for the units of service being adjusted.

Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Line Level

INDUSTRY: Adjustment Quantity

Situatio CAS11 1034 Claim Adjustment Reason Code X ID 1/5

Code identifying the detailed reason the adjustment was made

Use as needed to show payer adjustment.

Use the Claim Adjustment Reason Code list (See Appendix C).

ALIAS: Adjustment Reason Code - Line Level

NSF Reference: FB3-05.0, FB3-07.0, FB3-09.0, FB3-11.0, FB3-13.0, FB3-

15.0, FB3-17.0

INDUSTRY: Adjustment Reason Code

Situatio CAS12 782 Monetary Amount X R 1/18

Monetary amount

Use this amount for the adjustment amount.

Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Line Level

NSF Reference: FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-

16.0, FB3-18.0, FA0-53.0, FA0-54.0

INDUSTRY: Adjustment Amount

Situatio CAS13 380 Quantity X R 1/15

Numeric value of quantity

Use this quantity for the units of service being adjusted.

Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Line Level

INDUSTRY: Adjustment Quantity

Situatio CAS14 1034 Claim Adjustment Reason Code X ID 1/5

Code identifying the detailed reason the adjustment was made

Use as needed to show payer adjustment.

Use the Claim Adjustment Reason Code list (See Appendix C).

ALIAS: Adjustment Reason Code - Line Level

NSF Reference: FB3-05.0, FB3-07.0, FB3-09.0, FB3-11.0, FB3-13.0, FB3-

15.0, FB3-17.0

INDUSTRY: Adjustment Reason Code

Situatio CAS15 782 Monetary Amount X R 1/18

Monetary amount

Use this amount for the adjustment amount.

Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Line Level

NSF Reference: FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-

16.0, FB3-18.0, FA0-53.0, FA0-54.0

INDUSTRY: Adjustment Amount

Situatio CAS16 380 Quantity X R 1/15

Numeric value of quantity

Use this quantity for the units of service being adjusted.

Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Line Level

INDUSTRY: Adjustment Quantity

DRAFT Situatio	CAS17	1034	Claim Adjustment Reason Code X ID 1/5 Code identifying the detailed reason the adjustment was made Use as needed to show payer adjustment.
			Use the Claim Adjustment Reason Code list (See Appendix C).  ALIAS: Adjustment Reason Code - Line Level
			ALIAS. Adjustment Reason Code - Line Level
			NSF Reference: FB3-05.0, FB3-07.0, FB3-09.0, FB3-11.0, FB3-13.0, FB3-15.0, FB3-17.0
Situatio	CAS18	782	INDUSTRY: Adjustment Reason Code  Monetary Amount  Monetary amount  Use this amount for the adjustment amount.
			Use as needed to show payer adjustment.
			ALIAS: Adjusted Amount - Line Level
			NSF Reference: FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-16.0, FB3-18.0, FA0-53.0, FA0-54.0
Situatio	CAS19	380	INDUSTRY: Adjustment Amount  Quantity  Numeric value of quantity  Use this quantity for the units of service being adjusted.
			Use as needed to show payer adjustment.
			ALIAS: Adjusted Units - Line Level

INDUSTRY: Adjustment Quantity

DRAFT

Segment: DTP Line Adjudication Date

**Position:** 550

**Loop:** 2430 Optional

Level: Detail

**Usage:** Optional (Must Use)

Max Use: 1

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes: Semantic Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

Required	Ref. <u>Des.</u> DTP01	Data Element 374	Name Date/Time Qualifier	Attr M	ibutes ID 3/3
			Code specifying type of date or time, or both date and time	me	
			INDUSTRY: Date Time Qualifier		
			573 Date Claim Paid		
Required	DTP02	1250	Date Time Period Format Qualifier	$\mathbf{M}$	ID 2/3
			Code indicating the date format, time format, or date and time format		
			INDUSTRY: Date Time Period Format Qualifier		
			D8 Date Expressed in Format CCYYM	IMDD	
Required	DTP03	1251	<b>Date Time Period</b>	M	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times INDUSTRY: Adjudication or Payment Date		

Segment: LQ Form Identification Code

**Position:** 551

Loop: 2440 Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: Code to transmit standard industry codesSyntax Notes: 1 If LQ01 is present, then LQ02 is required.

Semantic Notes: Comments:

**Notes:** 

Required if the provider is required to routinely include supporting documentation (a standardized paper form) in electronic format. An example is for Medicare DMERC claims for which the provider is required to obtain a certificate of medical necessity (CMN) from the physician. Medicare or other payers may require other supporting documentation for other types of claims (e.g., home health).

The 2440 loop is designed to allow providers to attach any type of standardized supplemental information to the claim when required to do so by the payer. The LQ segment contains information to identify the form (LQ01) and the specific form number (LQ02). In the example given below, LQ01=UT which identifies the form as a Medicare DMERC CMN form. LQ02=0102A identifies which DMERC CMN form is being used. See Appendix K and the FRM segment for further notes on use of this loop.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then the LQ and FRM segments are "Required".

Loop 2440 was approved by ASC X12 in the version 004011 Data Dictionary but is included in this guide to provide standard way to report DMERC claims within the HIPAA implementation time frame. It is recommended that entitles who have a need to submit or receive DMERC claims customize their 004010 translator map to allow this loop.

# **Data Element Summary**

			Data Elen	icht Summary		
	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>		Attr	<u>ibutes</u>
Required	LQ01	1270	Code List Qualific	er Code	O	ID 1/3
			Code identifying a	specific industry code list		
			ALIAS: Form Iden	ntification Code		
			INDUSTRY: Code	e List Qualifier Code		
			AS	Form Type Code		
				Use code AS to indicate that a Home Fidentified.	Iealth :	form is being
			UT	Health Care Financing Administration Medical Equipment Regional Carrier (		
				Certificate of Medical Necessity (CMN	J) Forr	ns
Required	LQ02	1271	<b>Industry Code</b>		$\mathbf{X}$	AN 1/30
			Code indicating a	code from a specific industry code list		
			ALIAS: Form Iden	ntifier		
			NSF Reference: G	U0-25.0		

INDUSTRY: Form Identifier

Segment: FRM Supporting Documentation

**Position:** 552

Loop: 2440 Optional

Level: Detail
Usage: Mandatory
Max Use: 99

Purpose: To specify information in response to a codified questionnaire document
Syntax Notes: 1 At least one of FRM02 FRM03 FRM04 or FRM05 is required.

Semantic Notes: Comments:

Notes:

The LQ segment is used to identify the general (LQ01) and specific type (LQ02) for the form being reported in the 2440. The FRM segment is used to answer specific questions on the form identified in the LQ. FRM01 is used to indicate the question being answered. Answers can take one of 4 forms: FRM02 for Yes/No questions, FRM03 for text/uncodified answers, FRM04 for answers which use dates, and FRM05 for answers which are percents. For each FRM01 (question) use a remaining FRM element, choosing the element which has the most appropriate format. One FRM segment is used for each question/answer pair.

The example below shows how the FRM can be used to answer all the pertinent questions on DMERC form 0802 (LQ\*UT\*0802~). See Appendix K - Supporting Documentation Example, for a more detailed explaination of how to use the 2440 Loop.

Loop 2440 was approved by ASC X12 in the version 004011 Data Dictionary but is included in this guide to provide standard way to report DMERC claims within the HIPAA implementation time frame. It is recommended that entitles who have a need to submit or receive DMERC claims customize their 004010 translator map to allow this loop.

#### **Data Element Summary**

		_	Data	a Element Summary		
	Ref. Des.	Data Element	Name		Aftı	ributes
Required FRM01 350			Assigned Identification			AN 1/20
•			_	c characters assigned for differentiation within	a trans	saction set
			_	stion Number/Letter		
			INDUSTRY	: Question Number/Letter		
Situatio	FRM02	1073	Yes/No Con	dition or Response Code	$\mathbf{X}$	<b>ID</b> 1/1
			Code indicat	ing a Yes or No condition or response		
			FRM02, 03,	04, or 05 is required.		
			Used to answ response form	ver question identified in FRM01 which utilizes mat.	a Yes	s/No
			ALIAS: Que	estion Response		
			NSF Referen	ace: GU0-26.0, GU0-27.0, GU0-28.0, GU0-29.0	), GU(	0-30.0, GU0-
			31.0, GU0-3	2.0, GU0-33.0, GU0-34.0, GU0-35.0, GU0-36.0	0, GU	0-37.0, GU0-
			38.0, GU0-3	9.0, GU0-40.0, GU0-43.0, GU0-44.0		
			INDUSTRY	: Question Response		
			N	No		
			W	Not Applicable		
			Y	Yes		
Situatio	FRM03	127	Reference Io	dentification	X	AN 1/30
			Reference in	formation as defined for a particular Transaction	n Set o	or as

FRM02, 03, 04, or 05 is required.

specified by the Reference Identification Qualifier

Used to answer question identified in FRM01 which utilizes a text or uncodified response format.

ALIAS: Question Response

NSF Reference: GU0-28.0, GU0-31.0, GU0-33.0, GU0-45.0, GU0-46.0, GU0-47.0, GU0-48.0, GU0-49.0, GU0-50.0, GU0-51.0, GU0-57.0, GU0-58.0, GU0-59.0, GU0-60.0, GU0-61.0, GU0-62.0, GU0-63.0, GU0-64.0, GU0-65.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, G

66.0, GU0-67.0, GU0-68.0

INDUSTRY: Question Response

Situatio FRM04 373 Date X DT 8/8

Date expressed as CCYYMMDD FRM02, 03, 04, or 05 is required.

Used to answer question identified in FRM01 which utilizes a date response format.

ALIAS: Question Response

NSF Reference: GU0-53.0, GU0-54.0, GU0-55.0, GU0-56.0

INDUSTRY: Question Response

Situatio FRM05 332 Percent X R 1/6

Percent expressed as a percent FRM02, 03, 04, or 05 is required.

Used to answer question identified in FRM01 which utilizes a percent response format.

ALIAS: Question Response

NSF Reference: GU0-69.0, GU0-70.0, GU0-71.0

**INDUSTRY: Question Response** 

Segment: HL Patient Hierarchical Level

**Position:** 001

Loop: 2000C Optional

Level: Summary
Usage: Optional
Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related groups of data

segments

Syntax Notes: Semantic Notes:

**Comments:** 

1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.

The HL segment defines a top-down/left-right ordered structure.

- 2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
- 3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
- 4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
- 5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

**Notes:** 

This HL is required when the patient is a different person than the subscriber. There are no HLs subordinate to the Patient HL.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Patient Hierarchical Level loops, there is an implied maximum of 5000.

	Ref.	Data	•		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ributes</u>
Required	HL01	628	Hierarchical ID Number	M	AN 1/12
			A unique number assigned by the ser in a hierarchical structure INDUSTRY: Hierarchical ID Number	• 1	ita segment
Required	HL02	734	<b>Hierarchical Parent ID Number</b>	O	AN 1/12
			Identification number of the next hig segment being described is subordina INDUSTRY: Hierarchical Parent ID	ate to	that the data
Required	HL03	735	<b>Hierarchical Level Code</b>	M	ID 1/2
			Code defining the characteristic of a level in a hierarchical structure		
			INDUSTRY: Hierarchical Level Code		
			23 Dependent		
				dividual who is affiliated with a as spouse, child, etc., and the enefits	

The code DEPENDENT is meant to convey that the information in this HL applies to the patient when the subscriber and the patient are not the same person.

# Required HL04 736 Hierarchical Child Code O ID 1/1

Code indicating if there are hierarchical child data segments subordinate to the level being described

INDUSTRY: Hierarchical Child Code

No Subordinate HL Segment in This Hierarchical Structure.

Segment: PAT Patient Information

**Position:** 007

Loop: 2000C Optional

Level: Summary

**Usage:** Optional (Must Use)

Max Use: 1

**Purpose:** To supply patient information

**Syntax Notes:** 1 If either PAT05 or PAT06 is present, then the other is required.

2 If either PAT07 or PAT08 is present, then the other is required.

**Semantic Notes:** 1 PAT06 is the date of death.

2 PAT08 is the patient's weight.

3 PAT09 indicates whether the patient is pregnant or not pregnant. Code "Y" indicates

the patient is pregnant; code "N" indicates the patient is not pregnant.

**Comments:** 

	Dof	Doto	Data Elen	nent Summary	
	Ref. <u>Des</u> .	Data <u>Element</u>	<u>Name</u>		Attributes
Required	PAT01	1069	Individual Relation	onship Code	O ID 2/2
•				e relationship between two individuals or	entities
			•	elationship to Insured	
				•	
			NSF Reference: D	A0-17.0	
			INDUSTRY: Indiv	ridual Relationship Code	
			01	Spouse	
			04	Grandfather or Grandmother	
			05	Grandson or Granddaughter	
			07	Nephew or Niece	
			09	Adopted Child	
			10	Foster Child	
			15	Ward	
			17	Stepson or Stepdaughter	
			19	Child	
				Dependent between the ages of 0 and 1	
			20	qualifications may vary depending on p Employee	policy
			21	Unknown	
			22	Handicapped Dependent	
			23	Sponsored Dependent	
				Dependents between the ages of 19 and	d 25 not attending
				school; age qualifications may vary de	
			24	Dependent of a Minor Dependent	
				A child not legally of age who has been	n granted adult
			29	status Significant Other	
			32	Mother	
			33	Father	
			34	Other Adult	
			36	Emancipated Minor	
			50	A person who has been judged by a co	urt of competent
				jurisdiction to be allowed to act in his	
				no adult is legally responsible for this	
				declared as a result of marriage	

214.11			39	Organ Donor		
			40	Individual receiving medical service in organs for a transplant Cadaver Donor	order	to donate
			40	Deceased individual donating body to be	be use	ed for
			41	research or transplants Injured Plaintiff		
			43	Child Where Insured Has No Financial	Resp	onsibility
				Child is covered by the insured but the legal guardian	_	-
			53	Life Partner		
			G8	Other Relationship		
Not Used	PAT02	1384	Patient Location		O	ID 1/1
				the location where patient is receiving med		
Not Used	PAT03	584	Employment Sta		O	ID 2/2
			_	e general employment status of an employe	e/clai	
Not Used	PAT04	1220	Student Status C		O	ID 1/1
Gt	D 4 (F) 5	1250	handicapped and			
Situatio	PAT05	1250		od Format Qualifier	X	ID 2/3
			_	the date format, time format, or date and time is known to be deceased.	ie fori	nat
			INDUSTRY: Da	te Time Period Format Qualifier Date Expressed in Format CCYYMMD	)D	
Situatio	PAT06	1251	Date Time Perio	_	X	AN 1/35
				late, a time, or range of dates, times or dates	s and	
			=	nt is known to be deceased.	, 4110	
			ALIAS: Date of	Death		
			NSF Reference:	CA0-21.0		
Situatio	<b>PAT07</b>	355	INDUSTRY: Pat Unit or Basis for	ient Death Date r Measurement Code	X	ID 2/2
				the units in which a value is being expresse ment has been taken	d, or	manner in
			Required on clain	ms/encounters for delivery services (newbor	rn's bi	irthweight).
			INDUSTRY: Un GR	it or Basis for Measurement Code Gram		
				This data element is used when the patithan 29 days old.	ent's a	age is less
Situatio	PAT08	81	Weight	•	$\mathbf{X}$	R 1/10
			Numeric value of	weight		
			Required on clain	ms/encounters where the patient's age is les	s than	29 days.
			ALIAS: Patient V	Veight		
			NSF Reference:	FA0-44.0, GU0-17.0		
			INDUSTRY: Pat			
Situatio	PAT09	1073		on or Response Code	O	ID 1/1
			•	a Yes or No condition or response		
				equired by state law (e.g., Indiana Medicaid		
D02734401 (0	0.40103/000		indicates that the	patient is pregnant. If PAT09 is not used it	mean	s the patient

is not pregnant.

INDUSTRY: Pregnancy Indicator Y Yes

NM1 Patient Name **Segment:** 

**Position:** 015

Loop: 2010CA Optional (Must Use)

Level: Summary

**Usage:** Optional (Must Use)

Max Use:

**Purpose:** To supply the full name of an individual or organizational entity **Syntax Notes:** If either NM108 or NM109 is present, then the other is required.

If NM111 is present, then NM110 is required.

**Semantic Notes:** NM102 qualifies NM103.

**Comments:** NM110 and NM111 further define the type of entity in NM101.

			Data Element Summary				
Required	Ref. <u>Des.</u> NM101	Data <u>Element</u> 98	Name Entity Identifier Code	Attı M	ributes ID 2/3		
riequireu	11111101	,,	Code identifying an organizational entity, a physical location				
			individual	, pro	perty of an		
			INDUSTRY: Entity Identifier Code				
			QC Patient				
			Individual receiving medical care				
Required	NM102	1065	Entity Type Qualifier	M	ID 1/1		
			Code qualifying the type of entity				
			INDUSTRY: Entity Type Qualifier				
			1 Person				
Required	NM103	1035	Name Last or Organization Name	O	AN 1/35		
			Individual last name or organizational name				
			ALIAS: Patient Last Name				
			NSF Reference: CA0-04.0				
			INDUSTRY: Patient Last Name				
Required	NM104	1036	Name First	O	AN 1/25		
			Individual first name				
			ALIAS: Patient First Name				
			NSF Reference: CA0-05.0				
			INDUSTRY: Patient First Name				
Situatio	NM105	1037	Name Middle	O	AN 1/25		
			Individual middle name or initial				
			Required if NM102=1 and the middle name/initial of the personal states of the personal states are stated as a second state of the personal states are stated as a second state of the personal states are stated as a second state of the personal states are stated as a second state of the personal stated as a second stated as a second stated stated as a second stated stated as a second stated stated as a second stated stated as a second stated stated stated as a second stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated stated s	son 18	s known.		
			ALIAS: Patient Middle Initial				
			NSF Reference: CA0-06.0				
			INDUSTRY: Patient Middle Name				
Not Used	NM106	1038	Name Prefix	O	AN 1/10		
			Prefix to individual name				
Situatio	NM107	1039	Name Suffix	O	AN 1/10		
			Suffix to individual name				
			Required if known.				
			ALIAS: Patient Generation				

NSF Reference: CA0-07.0

INDUSTRY: Patient Name Suffix

Situatio NM108 66 Identification Code Qualifier X ID 1/2

Code designating the system/method of code structure used for Identification

Code (67)

Required if the patient identifier is different than the subscriber identifier.

INDUSTRY: Identification Code Qualifier

MI Member Identification Number

The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number. Therefore the 837 Professional Workgroup recommends using MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Health

Insurance Claim Number (HIC), etc.

ZZ Mutually Defined

The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this

transaction.

Situatio NM109 67 Identification Code X AN 2/80

Code identifying a party or other code

Required if the patient identifier is different than the subscriber identifier.

ALIAS: Patient's Primary Identification Number

NSF Reference: DA0-18.0

INDUSTRY: Patient Primary Identifier

Not Used NM110 706 Entity Relationship Code X ID 2/2

Code describing entity relationship

Not Used NM111 98 Entity Identifier Code O ID 2/3

Code identifying an organizational entity, a physical location, property or an

individual

N2 Additional Patient Name Information **Segment:** 

**Position:** 020

Loop: 2010CA Optional (Must Use)

Level: Summary **Usage:** Optional Max Use:

To specify additional names or those longer than 35 characters in length **Purpose:** 

**Syntax Notes: Semantic Notes: Comments:** 

Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names. **Notes:** 

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Patient Additional Name Information	<u>Attı</u> M	ributes AN 1/60
Not Used	N202	93	INDUSTRY: Patient Additional Name Name Free-form name	o	AN 1/60

Segment: N3 Patient Address

**Position:** 025

**Loop:** 2010CA Optional (Must Use)

Level: Summary

**Usage:** Optional (Must Use)

Max Use: 1

**Purpose:** To specify the location of the named party

Syntax Notes: Semantic Notes: Comments:

**Data Element Summary** 

Ref. Data Des. **Element Name Attributes** Required N301 166 **Address Information** M AN 1/55 Address information ALIAS: Patient Address 1 NSF Reference: CA0-11.0 INDUSTRY: Patient Address Line Situatio N302 166 O AN 1/55 **Address Information** Address information Required if a second address line exists. ALIAS: Patient Address 2 NSF Reference: CA0-12.0

INDUSTRY: Patient Address Line

Segment: N4 Patient City/State/ZIP Code

**Position:** 030

**Loop:** 2010CA Optional (Must Use)

Level: Summary

**Usage:** Optional (Must Use)

Max Use:

Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 is required.

**Semantic Notes:** 

**Comments:** 1 A combination of either N401 through N404, or N405 and N406 may be adequate to

specify a location.

2 N402 is required only if city name (N401) is in the U.S. or Canada.

	Ref.	Data	Data Element Summary		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ributes</u>
Required	N401	19	City Name	O	AN 2/30
			Free-form text for city name		
			ALIAS: Patient City Name		
			NSF Reference: CA0-13.0		
			INDUSTRY: Patient City Name		
Required	N402	156	State or Province Code	O	ID 2/2
			Code (Standard State/Province) as defined by appropriate go	vernn	nent agency
			ALIAS: Patient State Code		
			NSF Reference: CA0-14.0		
			INDUSTRY: Patient State Code		
Required	N403	116	Postal Code	O	ID 3/15
			Code defining international postal zone code excluding punc	tuatio	n and blanks
			(zip code for United States)		
			ALIAS: Patient Zip Code		
			NSF Reference: CA0-15.0		
			INDUSTRY: Patient Postal Zone or ZIP Code		
Situatio	N404	26	Country Code	O	ID 2/3
			Code identifying the country		
			Required if the address is out of the U.S.		
			ALIAS: Patient Country Code		
			INDUSTRY: Country Code		
Not Used	N405	309	Location Qualifier	X	ID 1/2
			Code identifying type of location		
Not Used	N406	310	Location Identifier	O	AN 1/30
			Code which identifies a specific location		

Segment: DMG Patient Demographic Information

**Position:** 032

**Loop:** 2010CA Optional (Must Use)

Level: Summary

**Usage:** Optional (Must Use)

Max Use:

**Purpose:** To supply demographic information

**Syntax Notes:** 1 If either DMG01 or DMG02 is present, then the other is required.

**Semantic Notes:** 1 DMG02 is the date of birth.

2 DMG07 is the country of citizenship.

3 DMG09 is the age in years.

**Comments:** 

	Ref.	Data	Data Element Summary		
	Des.	Element	<u>Name</u>		<u>ributes</u>
Required	DMG01	1250	Date Time Period Format Qualifier	$\mathbf{X}$	ID 2/3
			Code indicating the date format, time format, or date and tim	e fori	nat
			INDUSTRY: Date Time Period Format Qualifier		
			D8 Date Expressed in Format CCYYMMD	D	
Required	DMG02	1251	Date Time Period	$\mathbf{X}$	AN 1/35
			Expression of a date, a time, or range of dates, times or dates	and	times
			ALIAS: Date of Birth		
			NSF Reference: CA0-08.0		
			INDUSTRY: Patient Birth Date		
Required	DMG03	1068	Gender Code	O	ID 1/1
			Code indicating the sex of the individual		
			ALIAS: Gender - Patient		
			NSF Reference: CA0-09.0		
			INDUSTRY: Patient Gender Code		
			F Female		
			M Male		
			U Unknown		
Not Used	DMG04	1067	Marital Status Code	O	<b>ID</b> 1/1
			Code defining the marital status of a person		
Not Used	DMG05	1109	Race or Ethnicity Code	O	<b>ID</b> 1/1
			Code indicating the racial or ethnic background of a person; reported; Under certain circumstances this information is col		
Na4 II.a.J	DMC06	10//	States Government statistical purposes	•	ID 1/2
Not Used	DMG06	1066	Citizenship Status Code	O	ID 1/2
Not Used	DMC07	26	Country Code	0	ID 2/2
Not Used	DMG07	20	Country Code Code identifying the country	U	ID 2/3
Not Used	DMC00	659	Basis of Verification Code	0	ID 1/2
not Used	DMG08	บอัง	Code indicating the basis of verification	U	ID 1/2
Not Used	DMG09	380	Quantity	0	R 1/15
THUI USEU	DMG03	300	Numeric value of quantity	U	N 1/13
			rumene value of quality		

Segment: REF Patient Secondary Identification

**Position:** 035

**Loop:** 2010CA Optional (Must Use)

Level: Summary Usage: Optional Max Use: 5

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

1 REF04 contains data relating to the value cited in REF02.

**Notes:** Required if additional identification numbers are necessary to adjudicate the claim/encounter.

			Data E	Clement Summary		
	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>			<u>ributes</u>
Required	REF01	128		ntification Qualifier	M	ID 2/3
			•	g the Reference Identification		
			INDUSTRY: R	Reference Identification Qualifier		
			1W	Member Identification Number		
				Unique identification number assigned	d to eac	ch member
				under a subscriber's contract		
				If $NM108 = M1$ do not use this code.		
			23	Client Number		
				This code is intended to be used only		
				to the Indian Health Service/Contract		
				(IHC/CHS) Fiscal Intermediary for the reporting the Health Record Number.	e purpo	ose of
			IG	Insurance Policy Number		
			SY	Social Security Number		
				The social security number may not be	e used '	for
				Medicare.		
Required	REF02	127	Reference Idea	ntification	X	AN 1/30
			specified by the	rmation as defined for a particular Transaction e Reference Identification Qualifier latient Secondary Identifier	on Set o	or as
Not Used	REF03	352	Description	•	X	AN 1/80
			-	scription to clarify the related data elements	and the	eir content
Not Used	REF04	C040	Reference Idea		O	
				or more reference numbers or identification e Reference Qualifier	numbe	ers as
Not Used	C04001	128		ntification Qualifier	$\mathbf{M}$	ID 2/3
				g the Reference Identification		
Not Used	C04002	127	Reference Idea	ntification	M	AN 1/30
			Reference infor	rmation as defined for a particular Transaction	on Set o	or as
				e Reference Identification Qualifier		
Not Used	C04003	128	Reference Idea	ntification Qualifier	X	ID 2/3
			Code qualifying	g the Reference Identification		
Not Used	C04004	127	Reference Idea	ntification	X	AN 1/30
				rmation as defined for a particular Transaction	on Set o	or as
NI.A TI F	C04005	120		e Reference Identification Qualifier	<b>T</b> 7	ID 4/2
Not Used	C04005	128		ntification Qualifier	X	ID 2/3
			Code qualifying	g the Reference Identification		

Not Used C04006 127 Reference Identification X AN 1/30

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Segment: REF Property and Casualty Claim Number

**Position:** 035

**Loop:** 2010CA Optional (Must Use)

Level: Summary Usage: Optional

Max Use: 1

**Notes:** 

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

Semantic Notes: Comments: 1 REF04 contains data relating to the value cited in REF02.

In the case where the patient is the same person as the subscriber, the property and casualty claim number is placed in Loop ID-2010BA. In the case where the patient is a different person than the subscriber, this number is placed in Loop ID-2010CA. This number should be transmitted in only one place.

This is a property and casualty payer-assigned claim number. It is required on property and casualty claims. Providers receive this number from the property and casualty payer during eligibility determinations or some other communication with that payer. See Section 4.2, Property and Casualty, for additional information about property and casualty claims.

	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>		<u>ributes</u>
Required	REF01	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
			INDUSTRY: Reference Identification Qualifier		
			Y4 Agency Claim Number		
Required	REF02	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier INDUSTRY: Property Casualty Claim Number	Set o	or as
Not Used	REF03	352	Description	X	AN 1/80
			A free-form description to clarify the related data elements a	nd the	eir content
Not Used	REF04	C040	Reference Identifier	O	
			To identify one or more reference numbers or identification	numbe	ers as
			specified by the Reference Qualifier		
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	$\mathbf{M}$	AN 1/30
			Reference information as defined for a particular Transaction	Set o	or as
			specified by the Reference Identification Qualifier		
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	ı Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	ı Set o	or as

Segment: CLM Claim Information

Position: 130

**Loop:** 2300 Optional (Must Use)

Level: Summary

**Usage:** Optional (Must Use)

Max Use:

**Purpose:** To specify basic data about the claim

Syntax Notes: Semantic Notes:

1 CLM02 is the total amount of all submitted charges of service segments for this

- 2 CLM06 is provider signature on file indicator. A "Y" value indicates the provider signature is on file; an "N" value indicates the provider signature is not on file.
- 3 CLM08 is assignment of benefits indicator. A "Y" value indicates insured or authorized person authorizes benefits to be assigned to the provider; an "N" value indicates benefits have not been assigned to the provider.
- **4** CLM13 is CHAMPUS nonavailability indicator. A "Y" value indicates a statement of non-availability is on file; an "N" value indicates statement of nonavailability is not on file or not necessary.
- 5 CLM15 is charges itemized by service indicator. A "Y" value indicates charges are itemized by service; an "N" value indicates charges are summarized by service.
- **6** CLM18 is explanation of benefit (EOB) indicator. A "Y" value indicates that a paper EOB is requested; an "N" value indicates that no paper EOB is requested.

#### **Comments:**

**Notes:** 

Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules.

The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. There is no recommended limit to the number of ST-SE transactions within a GS-GE or ISA-IEA. Willing trading partners can agree to set limits higher.

For purposes of this documentation, the claim detail information is presented only in the dependent level. Specific claim detail information can be given in either the subscriber or the dependent hierarchical level. Because of this the claim information is said to "float." Claim information is positioned in the same hierarchical level that describes its owner-participant, either the subscriber or the dependent. In other words, the claim information, loop 2300, is placed following loop 2010BD in the subscriber hierarchical level when the patient is the subscriber, or it is placed at the patient/dependent hierarchical level when the patient is the dependent of the subscriber as shown here. When the patient is the subscriber, loops 2000C and 2010CA are not sent. See 2.3.2.1, HL Segment, for details.

#### **Data Element Summary**

	Ref.	Data		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attributes</u>
Required	CLM01	1028	Claim Submitter's Identifier	M AN 1/38

Identifier used to track a claim from creation by the health care provider through payment

The number that the submitter transmits in this position is echoed back to the submitter in the 835 and other transactions. This permits the submitter to use the value in this field as a key in the submitter's system to match the claim to the payment information returned in the 835 transaction. The two recommended identifiers are either the Patient Account Number or the Claim Number in the billing submitter's patient management system. The developers of this implementation guide strongly recommend that submitters use completely unique numbers for this field for each individual claim.

The maximum number of characters to be supported for this field is '20'. A provider may submit fewer characters depending upon their needs. However, the HIPAA maximum requirement to be supported by any responding system

Required

CLM05

is '20'. Characters beyond 20 are not required to be stored nor returned by any 837-receiving system.

ALIAS: Patient Account Number

NSF Reference: CA0-03.0, CB0-03.0, DA0-03.0, DA1-03.0, DA2-03.0, EA0-03.0, EA1-03.0, EA2-03.0, FA0-03.0, FB0-03.0, FB1-03.0, FB2-03.0, FD0-03.0, FE0-03.0, GA0-03.0, GC0-03.0, GX0-03.0, GX2-03.0, XA0-03.0, CA1-03.0, GU0-03.0, HA0-03.0

INDUSTRY: Patient Account Number

#### Required CLM02 782 **Monetary Amount**

O R 1/18

Monetary amount

For encounter transmissions, zero (0) may be a valid amount.

**ALIAS: Total Submitted Charges** 

NSF Reference: XA0-12.0

INDUSTRY: Total Claim Charge Amount

**Health Care Service Location Information** 

1032 Not Used CLM03 **Claim Filing Indicator Code** O ID 1/2 Code identifying type of claim Not Used CLM04 1343 Non-Institutional Claim Type Code ID 1/2 Code identifying the type of provider or claim C023

> To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered

> CLM05 applies to all service lines unless it is over written at the line level.

ALIAS: Place of Service Code

NSF Reference: FA0-07.0

#### Required C02301 1331 **Facility Code Value**

M AN 1/2

 $\mathbf{O}$ 

Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format Use this element for codes identifying a place of service from code source 237. As a courtesy, the codes are listed below, however, the code list is thought to be complete at the time of publication of this implementation guideline. Since this list is subject to change, only codes contained in the document available from code source 237 are to be supported in this transaction and take precedence over any and all codes listed here.

- 11 Office
- 12 Home
- 21 Inpatient Hospital
- 22 **Outpatient Hospital**
- 23 Emergency Room - Hospital
- 24 **Ambulatory Surgical Center**
- 25 Birthing Center
- 26 Military Treatment Facility
- 31 **Skilled Nursing Facility**
- **Nursing Facility**
- 33 **Custodial Care Facility**
- 34 Hospice
- 41 Ambulance - Land
- 42. Ambulance - Air or Water
- 51 Inpatient Psychiatric Facility
- 52 Psychiatric Facility Partial Hospitalization
- 53 Community Mental Health Center

DRAFT			54 Intermediate Care Facility/Mentally Retarded 55 Residential Substance Abuse Treatment Facility 56 Psychiatric Residential Treatment Center 50 Federally Qualified Health Center 60 Mass Immunization Center 61 Comprehensive Inpatient Rehabilitation Facility 62 Comprehensive Outpatient Rehabilitation Facility 65 End Stage Renal Disease Treatment Facility 71 State or Local Public Health Clinic 72 Rural Health Clinic 81 Independent Laboratory 99 Other Unlisted Facility  ALIAS: Facility Type Code		
Not Used	C02302	1332	INDUSTRY: Facility Type Code Facility Code Qualifier	o	ID 1/2
			Code identifying the type of facility referenced		
Required	C02303	1325	Claim Frequency Type Code	O	<b>ID</b> 1/1
			Code specifying the frequency of the claim; this is the third puniform Billing Claim Form Bill Type Code 8 may only be used where permitted by state law (e.g. Medicaid). See the NUBC UB92 manual for definitions of the	New	York
			With the exception of #1 (Original) use 6, 7, and 8 for claims been finalized in the payer's system.	s that	have already
			Permissible code values for this subelement:  1 - ORIGINAL (Admit thru Discharge Claim)  6 - CORRECTED (Adjustment of Prior Claim)  7 - REPLACEMENT (Replacement of Prior Claim)  8 - VOID (Void/Cancel of Prior Claim)		
			ALIAS: Claim Submission Reason Code		
Required	CLM06	1073	INDUSTRY: Claim Frequency Code Yes/No Condition or Response Code	o	ID 1/1
			Code indicating a Yes or No condition or response ALIAS: Provider Signature on File		
			NSF Reference: EA0-37.0		
			INDUSTRY: Provider or Supplier Signature Indicator N No		
			Y Yes		
Required	CLM07	1359	Provider Accept Assignment Code	O	<b>ID</b> 1/1
			Code indicating whether the provider accepts assignment		
			CLM07 indicates whether the provider accepts Medicare ass	ıgnme	ent.
			The NSF mapping to FA0-59.0 occurs only in payer-to-paye	r COI	B situations.
			ALIAS: Medicare Assignment Code		
			NSF Reference: EA0-36.0, FA0-59.0		
			INDUSTRY: Medicare Assignment Code		
			A Assigned B Assignment Accepted on Clinical Lab S	Servic	es Only
			2 Assignment Accepted on Chilledi Lau k	JC1 V1C	C5 Omy

210.11			С	Not Assigned				
			P	Patient Refuses to Assign Benefits				
Required	CLM08	1073	Yes/No Condition of	or Response Code	O	<b>ID</b> 1/1		
			Code indicating a Y	es or No condition or response				
			ALIAS: Assignment	t of Benefits Indicator				
			NSF Reference: DA	.0-15.0				
			INDUSTRY: Benefi	its Assignment Certification Indicator No				
			Y	Yes				
Required	CLM09	1363	Release of Informa	tion Code	O	<b>ID</b> 1/1		
				ether the provider has on file a signed statche release of medical data to other organi Information Code				
			NSF Reference: EA	0-13.0				
			INDUSTRY: Releas	se of Information Code				
			A	Appropriate Release of Information on I Care Service Provider or at Utilization I				
			I	Organization Informed Consent to Release Medical Ir	oses Regulated by Federal Statutes mited or Restricted Ability to Release aim			
			M	The Provider has Limited or Restricted Data Related to a Claim				
			N	No, Provider is Not Allowed to Release				
			O	On file at Payor or at Plan Sponsor	t Plan Sponsor			
			Y	Yes, Provider has a Signed Statement P of Medical Billing Data Related to a Cla		ting Release		
Situatio	CLM10	1351	Patient Signature S		O	<b>ID</b> 1/1		
				with the patient or subscriber authorization s and the provider are being retained by the provider	ignatı	ires were		
				except in cases where code "N" is used in	CLN	<i>M</i> 09.		
			ALIAS: Patient Sign	nature Source Code				
			NSF Reference: DA	.0-16.0				
			INDUSTRY: Patien B	t Signature Source Code Signed signature authorization form or f	orms	for both		
				HCFA-1500 Claim Form block 12 and b file				
			C	Signed HCFA-1500 Claim Form on file				
			M	Signed signature authorization form for Claim Form block 13 on file	HCF.	A-1500		
			P	Signature generated by provider because not physically present for services	the p	patient was		
			S	Signed signature authorization form for Claim Form block 12 on file	HCF.	A-1500		
Situatio	CLM11	C024	Related Causes Inf		0			
			information	nore related causes and associated state or				
CLM11-1, CLM11-2, or CLM11-3 are required when the condition be reported is accident or employment related. If CLM11-1, CLM11-2, CLM11-3 equals AP, then map Yes to EA0-09.0.								

Required	C02401	1362	ALIAS: Accident/Employment/Related Causes  Related-Causes Code  Code identifying an accompanying cause of an illness, injury of NSF Reference: EA0-05.0 - Auto Accident or Other Accident, Employment, EA0-09.0 - Responsibility Indicator		
Situatio	C02402	1362	Code identifying an accompanying cause of an illness, injury of Used if more than one code applies.		
Situatio	C02403	1362	Code identifying an accompanying cause of an illness, injury of Used if more than one code applies.  NSF Reference: EA0-05.0 - Auto Accident or Other Accident, Employment, EA0-09.0 - Responsibility Indicator	<b>O</b> or an	ID 2/3 accident
Situatio	C02404	156	INDUSTRY: Related Causes Code  AA Auto Accident  AB Abuse  AP Another Party Responsible  EM Employment  OA Other Accident  State or Province Code  Code (Standard State/Province) as defined by appropriate gove Required if CLM11-1, -2, or -3 = AA to identify the state in want automobile accident occurred. Use state postal code (CA = Cal Utah, etc).  NSF Reference: EA0-10.0	hich	the
Situatio	C02405	26	INDUSTRY: Auto Accident State or Province Code	<b>O</b> Sta	ID 2/3
Situatio	CLM12	1366	INDUSTRY: Country Code Special Program Code	0	ID 2/3

Code indicating the Special Program under which the services rendered to the patient were performed

Required if the services were rendered under one of the following circumstances/programs/projects.

ALIAS: Special Program Code

NSF Reference: EA0-43.0

				Early & Pariodia Caranina Diagnosia	and 7	Frantmant		
			01	Early & Periodic Screening, Diagnosis, and Treatmen				
				(EPSDT) or Child Health Assessment Program (CHA)				
			02	Physically Handicapped Children's Pro	Physically Handicapped Children's Program			
			03	Special Federal Funding				
			05	Disability				
			07	Induced Abortion - Danger to Life				
			08	Induced Abortion - Rape or Incest				
			09	Second Opinion or Surgery				
Not Used	CLM13	1073	Yes/No Cone	dition or Response Code	0	<b>ID 1/1</b>		
			Code indicati	ing a Yes or No condition or response				
Not Used	CLM14	1338	Level of Serv	vice Code	O	ID 1/3		
			Code specify	ing the level of service rendered				
Not Used	CLM15	1073	Yes/No Cone	dition or Response Code	O	ID 1/1		
			Code indicati	ing a Yes or No condition or response				
Situatio	CLM16	1360		reement Code	0	ID 1/1		
Situatio	CLIVIIU	1500	110 Huch Mg	i coment coue	•	11/1/1		

INDUSTRY: Special Program Indicator

Code indicating the type of agreement under which the provider is submitting this claim

Required if a non-participating (non-par) provider is submitting a participating (par) claim/encounter. Sending the "P" code indicates that a non-par provider is sending a par claim as allowed under certain plans.

#### ALIAS: Participation Agreement

INDUSTRY: Participation	on Agreement
-------------------------	--------------

P Participation Agreement

Any agreement between the provider of service and the

plan administrator

Not Used	CLM17	1029	Claim Status Code	O	ID 1/2
	07.3.4.0		Code identifying the status of an entire claim as assigned by treview organization or repricing organization		•
Not Used	CLM18	1073	Yes/No Condition or Response Code	O	ID 1/1
			Code indicating a Yes or No condition or response		
Not Used	CLM19	1383	Claim Submission Reason Code	$\mathbf{o}$	ID 2/2
			Code identifying reason for claim submission		
Situatio	CLM20	1514	Delay Reason Code	O	ID 1/2

Code indicating the reason why a request was delayed

This element may be used if a particular claim is being transmitted in response to a request for information (e.g., a 277), and the response has been delayed.

Required when claim is submitted late (past contracted date of filing limitations) and any of the codes below apply.

ALIAS: Delay Reason Code

INDUSTRY: Delay Reason Code

Proof of Eligibility Unknown or Unavailable

2	Litigation
3	Authorization Delays
4	Delay in Certifying Provider
5	Delay in Supplying Billing Forms
6	Delay in Delivery of Custom-made Appliances
7	Third Party Processing Delay
8	Delay in Eligibility Determination
9	Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules
10	Administration Delay in the Prior Approval Process
11	Other

Segment: DTP Date - Order Date

**Position:** 135

**Loop:** 2300 Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required when claim includes an order (i.e., an order for services or supplies is being

billed/reported).

Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.

### **Data Element Summary**

	Ref.	Data	Data Element Summary		
		Data	**		••
	<u>Des.</u>	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ributes</u>
Required	DTP01	374	Date/Time Qualifier	M	ID 3/3
			Code specifying type of date or time, or both date and ti	me	
			INDUSTRY: Date Time Qualifier		
			938 Order		
Required	DTP02	1250	Date Time Period Format Qualifier	$\mathbf{M}$	ID 2/3
			Code indicating the date format, time format, or date and	l time form	nat
			INDUSTRY: Date Time Period Format Qualifier		
			D8 Date Expressed in Format CCYYM	IMDD	
Required	DTP03	1251	Date Time Period	$\mathbf{M}$	AN 1/35
			Expression of a date, a time, or range of dates, times or o	lates and t	times
			DIDLIGEDY O. I. D.		

INDUSTRY: Order Date

Segment: DTP Date - Initial Treatment

**Position:** 135

**Loop:** 2300 Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 1

Max Use: 1

Purpose: To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP

segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in

Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.

Required on all claims involving spinal manipulation.

			Data Elemo	ent Summary		
	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>		<u>Attr</u>	<u>ibutes</u>
Required	DTP01	374	Date/Time Qualifie	er	$\mathbf{M}$	ID 3/3
			Code specifying typ	e of date or time, or both date and time		
			INDUSTRY: Date Time Qualifier			
			454	Initial Treatment		
				Date medical treatment first began		
Required	DTP02	1250	Date Time Period 1	Format Qualifier	$\mathbf{M}$	ID 2/3
			Code indicating the	date format, time format, or date and tim	e forn	nat
			INDUSTRY: Date 7	Time Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMD	D	
Required	DTP03	1251	<b>Date Time Period</b>		$\mathbf{M}$	AN 1/35
			Expression of a date	, a time, or range of dates, times or dates	and t	imes
			NSF Reference: GC	0-05.0		
			INDUSTRY: Initial	Treatment Date		

Segment: **DTP** Date - Referral Date

**Position:** 135

**Loop:** 2300 Optional (Must Use)

Level: Summary Usage: Optional

Max Use:

Purpose: To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required when claim includes a referral.

Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.

	Ref.	Data				
	Des.	<u>Element</u>	<u>Name</u>		<u>Attr</u>	<u>ributes</u>
Required	DTP01	374	Date/Time Qualif	ïer	$\mathbf{M}$	ID 3/3
			Code specifying ty	pe of date or time, or both date and time		
			INDUSTRY: Date	Time Qualifier		
			330	Referral Date		
				The date when an educational official o	r teac	her
				recommends that a student be evaluated	l for p	placement in
Dogwinod	DTP02	1250	Data Tima Dariad	a special education or other program  Format Qualifier	М	ID 2/3
Required	DIFUZ	1250		•		
			Code indicating the	e date format, time format, or date and tim	e forn	nat
			INDUSTRY: Date	Time Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMD	D	
Required	DTP03	1251	Date Time Period	l	M	AN 1/35
			Expression of a da	te, a time, or range of dates, times or dates	and t	imes
			INDUSTRY: Refe	erral Date		

Segment: DTP Date - Date Last Seen

**Position:** 135

**Loop:** 2300 Optional (Must Use)

Level: Summary
Usage: Optional

Max Use:

Purpose: To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

Notes: Required when claims involve services from an independent physical therapist,

occupational therapist, or physician services involving routine foot care.

This is the date that the patient was seen by the attending/supervising physician for the qualifying medical condition related to the services performed.

			Data Elem	ent Summary		
	Ref. Des.	Data Element	Name		Attı	ibutes
Dogwinad	<u>DCS.</u> DTP01	374				ID 3/3
Required	DIFUI	3/4	Date/Time Qualific	:1	M	ID 3/3
			Code specifying typ	e of date or time, or both date and time		
			INDUSTRY: Date 7	Гime Qualifier		
			304	Latest Visit or Consultation		
				Date subscriber or dependent last visited	d or c	onsulted
				with a physician		
Required	DTP02	1250	Date Time Period	Format Qualifier	$\mathbf{M}$	ID 2/3
			Code indicating the	date format, time format, or date and time	e forn	nat
			INDUSTRY: Date 7	Time Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMD	D	
Required	DTP03	1251	<b>Date Time Period</b>		$\mathbf{M}$	AN 1/35
			Expression of a date	, a time, or range of dates, times or dates	and t	times
			NSF Reference: EA	0-48.0		
			INDUSTRY: Last S	een Date		

 ${f DTP}$  Date - Onset of Current Illness/Symptom **Segment:** 

**Position:** 135

2300 Loop: Optional (Must Use)

Level: Summary **Usage:** Optional Max Use:

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:** 

**Semantic Notes:** 

DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** 

Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.

Required when information is available and if different than the date of service. If not used, claim/service date is assumed to be the date of onset of illness/symptoms.

## **Data Element Summary**

	Ref.	Data	,		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>
Required	DTP01	374	Date/Time Qualifier	$\mathbf{M}$	ID 3/3
			Code specifying type of date or time, or both date and	time	
			INDUSTRY: Date Time Qualifier		
			431 Onset of Current Symptoms or Ill	ness	
			Date first symptoms appeared		
Required	DTP02	1250	Date Time Period Format Qualifier	M	ID 2/3
			Code indicating the date format, time format, or date ar	nd time form	nat
			INDUSTRY: Date Time Period Format Qualifier		
			D8 Date Expressed in Format CCYY	MMDD	
Required	DTP03	1251	<b>Date Time Period</b>	M	AN 1/35
			Expression of a date, a time, or range of dates, times or	dates and t	imes
			NSF Reference: EA0-07.0		

INDUSTRY: Onset of Current Illness or Injury Date

Segment: DTP Date - Acute Manifestation

**Position:** 135

**Loop:** 2300 Optional (Must Use)

Level: Summary Usage: Optional Max Use: 5

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

Notes: Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP

segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in

Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.

Required when Loop 2300 CR208 = "A" or "M", the claim involves spinal manipulation,

and the payer is Medicare.

	Ref.	Data	Data Elem	ent Summary				
Required	Des. DTP01	Element 374	Name Date/Time Qualifie	er	Attr M	ributes ID 3/3		
			Code specifying typ INDUSTRY: Date 7	be of date or time, or both date and time  Time Qualifier				
			453					
				Date serious symptoms were exhibited illness	for a l	ong term		
Required	DTP02	1250	Date Time Period	Format Qualifier	$\mathbf{M}$	ID 2/3		
			_	date format, time format, or date and time Fime Period Format Qualifier	e forn	nat		
			D8	Date Expressed in Format CCYYMMD	D			
Required	DTP03	1251	<b>Date Time Period</b>		$\mathbf{M}$	AN 1/35		
			Expression of a date	e, a time, or range of dates, times or dates	and t	imes		
			NSF Reference: GC	20-12.0				
			INDUSTRY: Acute	Manifestation Date				

**Position:** 135

**Loop:** 2300 Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 10

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

Notes: Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP

segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in

Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.

Required when claim involves services to a patient experiencing symptoms similar or identical to previously reported symptoms.

# **Data Element Summary**

	Ref.	Data		che summary		
	Des.	<b>Element</b>	<u>Name</u>		Attr	<u>ibutes</u>
Required	DTP01	374	Date/Time Qualifie	er	M	ID $3/3$
			Code specifying typ	e of date or time, or both date and time		
			INDUSTRY: Date 7	Time Qualifier		
			438	Onset of Similar Symptoms or Illness		
				Date symptoms related to current illness	s first	appeared
Required	DTP02	1250	<b>Date Time Period</b>	Format Qualifier	$\mathbf{M}$	ID 2/3
			Code indicating the	date format, time format, or date and time	e forn	nat
			INDUSTRY: Date 7	Time Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMD	D	
Required	DTP03	1251	<b>Date Time Period</b>		$\mathbf{M}$	AN 1/35
			Expression of a date	, a time, or range of dates, times or dates	and t	imes
			NSF Reference: EA	0-16.0		

INDUSTRY: Similar Illness or Symptom Date

Segment: DTP Date - Accident

**Position:** 135

**Loop:** 2300 Optional (Must Use)

Level: Summary Usage: Optional Max Use: 10

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required if CLM11-1, CLM11-2, or CLM11-3 = AA, AB, AP or OA.

**Data Element Summary** 

Ref. Data Attributes Des. Element Name Required DTP01 374 M ID 3/3 **Date/Time Qualifier** Code specifying type of date or time, or both date and time INDUSTRY: Date Time Qualifier 439 Accident Date mishap occurred Required DTP02 1250 **Date Time Period Format Qualifier** M ID 2/3 Code indicating the date format, time format, or date and time format INDUSTRY: Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD DT Date and Time Expressed in Format CCYYMMDDHHMM Required if accident hour is known. Required DTP03 1251 **Date Time Period** M AN 1/35

Expression of a date, a time, or range of dates, times or dates and times NSF Reference: EA0-07.0 - Accident Date, EA0-11.0 Accident Hour (no

minutes)

INDUSTRY: Accident Date

Segment: DTP Date - Last Menstrual Period

**Position:** 135

**Loop:** 2300 Optional (Must Use)

Level: Summary
Usage: Optional

Max Use: 1

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required when claim involves pregnancy.

**Data Element Summary** 

			2 404 2101110110 8 411111141 3			
	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>	
Required	DTP01	374	Date/Time Qualifier	M	ID 3/3	
			Code specifying type of date or time, or both date and ti	ime		
			INDUSTRY: Date Time Qualifier			
			484 Last Menstrual Period			
Required	DTP02	1250	Date Time Period Format Qualifier	M	ID 2/3	
			Code indicating the date format, time format, or date and	d time form	nat	
			INDUSTRY: Date Time Period Format Qualifier			
			D8 Date Expressed in Format CCYYM	MMDD		
Required	DTP03	1251	Date Time Period	M	AN 1/35	
			Expression of a data a time or some of datas times or	1-4 1 4	:	

Expression of a date, a time, or range of dates, times or dates and times

NSF Reference: EA0-07.0

INDUSTRY: Last Menstrual Period Date

Segment: DTP Date - Last X-ray

**Position:** 135

**Loop:** 2300 Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 1

Max Use: 1

Purpose: To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP

segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in

Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.

Required when claim involves spinal manipulation if an x-ray was taken.

			Data	a Element Summary				
	Ref.	Data						
	Des.	<b>Element</b>	<u>Name</u>		<u>Attr</u>	<u>ributes</u>		
Required	DTP01	374	Date/Time (	Qualifier	$\mathbf{M}$	ID 3/3		
			Code specify	Code specifying type of date or time, or both date and time				
			INDUSTRY	INDUSTRY: Date Time Qualifier				
			455	Last X-Ray				
				Date of the most recent x-ray				
Required	DTP02	1250	Date Time I	Period Format Qualifier	$\mathbf{M}$	ID 2/3		
			Code indicat	ing the date format, time format, or date and time	e forr	nat		
			INDUSTRY	: Date Time Period Format Qualifier				
			D8	Date Expressed in Format CCYYMMD	D			
Required	DTP03	1251	Date Time I	Period	$\mathbf{M}$	AN 1/35		
			Expression of a date, a time, or range of dates, times or dates and times					
			NSF Referen	ce: GC0-06.0				
			INDUSTRY	: Last X-Ray Date				

Segment:  $\mathbf{DTP}$  Date - Estimated Date of Birth

**Position:** 135

**Loop:** 2300 Optional (Must Use)

Level: Summary
Usage: Optional

Max Use: 1

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required when PAT09 is used.

**Data Element Summary** 

Ref. Data **Attributes** Des. Element Name Required DTP01 374 M ID 3/3 **Date/Time Qualifier** Code specifying type of date or time, or both date and time INDUSTRY: Date Time Qualifier ABC Estimated Date of Birth Required DTP02 1250 **Date Time Period Format Qualifier** M ID 2/3 Code indicating the date format, time format, or date and time format INDUSTRY: Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD Required DTP03 1251 **Date Time Period** M AN 1/35

Expression of a date, a time, or range of dates, times or dates and times

ALIAS: Estimated Date of Birth

INDUSTRY: Estimated Birth Date

Segment:  ${f DTP}$  Date - Hearing and Vision Prescription Date

**Position:** 135

**Loop:** 2300 Optional (Must Use)

Level: Summary
Usage: Optional

Max Use: 1

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

Notes: Required on claims where a prescription has been written for hearing devices or vision

frames and lenses and it is being billed on this claim.

	Ref.	Data	Data Element Summary		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>
Required	DTP01	374	Date/Time Qualifier	M	ID 3/3
			Code specifying type of date or time, or both date and t	ime	
			INDUSTRY: Date Time Qualifier		
			471 Prescription		
			Date on which prescription was w	ritten	
Required	DTP02	1250	Date Time Period Format Qualifier	M	ID 2/3
			Code indicating the date format, time format, or date and time format		
			INDUSTRY: Date Time Period Format Qualifier		
			Date Expressed in Format CCYYI	MMDD	
Required	DTP03	1251	Date Time Period	M	AN 1/35
			Expression of a date, a time, or range of dates, times or	dates and t	imes
			INDUSTRY: Prescription Date		

 $\mathbf{DTP}$  Date - Disability Begin **Segment:** 

**Position:** 135

> 2300 Loop: Optional (Must Use)

Level: Summary **Usage:** Optional Max Use:

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:** 

**Semantic Notes:** DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required on claims involving disability where, in the opinion of the provider, the patient

was or will be unable to perform the duties normally associated with his/her work.

**Data Element Summary** 

Ref. Data Des. **Element Name Attributes** Required Date/Time Qualifier DTP01 374 M ID 3/3 Code specifying type of date or time, or both date and time INDUSTRY: Date Time Qualifier 360 Disability Begin Date on which the disability begins Required DTP02 1250 **Date Time Period Format Qualifier** M ID 2/3Code indicating the date format, time format, or date and time format INDUSTRY: Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD Required DTP03 1251 **Date Time Period** M AN 1/35

Expression of a date, a time, or range of dates, times or dates and times

NSF Reference: EA0-18.0

INDUSTRY: Disability From Date

 ${f DTP}$  Date - Disability End **Segment:** 

**Position:** 135

2300 Loop: Optional (Must Use)

Level: Summary **Usage:** Optional Max Use:

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:** 

**Semantic Notes:** DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** 

Required on claims/encounters involving disability where, in the opinion of the provider, the patient, after having been absent from work for reasons related to the disability, was

or will be able to perform the duties normally associated with his/her work.

## **Data Element Summary**

	Ref.	Data	Data Element Su	mmai y		
	Des.	<b>Element</b>	<u>Name</u>	<u>A</u> :	<u>ttributes</u>	
Required	DTP01	374	Date/Time Qualifier	N	I ID 3/3	
			Code specifying type of da	ate or time, or both date and time		
			INDUSTRY: Date Time (	Qualifier		
			361 Disal	pility End		
			Date	on which the disability ends		
Required	DTP02	1250	<b>Date Time Period Forma</b>	t Qualifier M	I ID 2/3	
			Code indicating the date format, time format, or date and time format			
			INDUSTRY: Date Time F	eriod Format Qualifier		
			D8 Date	Expressed in Format CCYYMMDD		
Required	DTP03	1251	<b>Date Time Period</b>	N	I AN 1/35	
			Expression of a date, a time, or range of dates, times or dates and times			
			NSF Reference: EA0-19.0			

INDUSTRY: Disability To Date

Segment: **DTP** Date - Last Worked

**Position:** 135

**Loop:** 2300 Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

Notes: Required on claims where this information is necessary for adjudication of the claim

(e.g., workers compensation claims involving absence from work).

	Ref.	Data	Data Elemen	ar summar y			
	Des.	<b>Element</b>	<u>Name</u>		Attr	<u>ributes</u>	
Required	DTP01	374	Date/Time Qualifier	•	M	ID 3/3	
			Code specifying type of date or time, or both date and time				
			INDUSTRY: Date Time Qualifier				
			297	Date Last Worked			
Required	DTP02	1250	Date Time Period F	ormat Qualifier	M	ID 2/3	
			Code indicating the date format, time format, or date and time format				
			INDUSTRY: Date Ti	me Period Format Qualifier			
			D8	Date Expressed in Format CCYYMMD	D		
Required	DTP03	1251	<b>Date Time Period</b>		M	AN 1/35	
			Expression of a date, a time, or range of dates, times or dates and times				
			INDUSTRY: Last Worked Date				

 $\mathbf{DTP}$  Date - Authorized Return to Work **Segment:** 

**Position:** 135

> 2300 Loop: Optional (Must Use)

Level: Summary **Usage:** Optional Max Use:

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes: Semantic Notes:** 

DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required on claims where this information is necessary for adjudication of the claim

(e.g., workers compensation claims involving absence from work).

**Data Element Summary** 

Ref. Data Des. **Element Name Attributes** Required Date/Time Qualifier DTP01 374 M ID 3/3 Code specifying type of date or time, or both date and time INDUSTRY: Date Time Qualifier 296 Return to Work This is the date the provider has authorized the patient to return to work. Required DTP02 1250 **Date Time Period Format Qualifier** M ID 2/3 Code indicating the date format, time format, or date and time format INDUSTRY: Date Time Period Format Qualifier D8 Date Expressed in Format CCYYMMDD Required DTP03 1251 **Date Time Period** M AN 1/35 Expression of a date, a time, or range of dates, times or dates and times

NSF Reference: EA1-12.0

INDUSTRY: Work Return Date

Segment: DTP Date - Admission

**Position:** 135

**Loop:** 2300 Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

Notes: Required on all ambulance claims/encounters when the patient was known to be admitted

to the hospital. Also required on inpatient medical visits claims/encounters.

# **Data Element Summary**

	Ref.	Data	·			
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>	
Required	DTP01	374	Date/Time Qualifier	M	ID 3/3	
			Code specifying type of date or time, or both date and time			
			INDUSTRY: Date Time Qualifier			
			435 Admission			
			Date of entrance to a health care estable	ishmer	nt	
Required	DTP02	1250	Date Time Period Format Qualifier	$\mathbf{M}$	ID 2/3	
			Code indicating the date format, time format, or date and time format			
			INDUSTRY: Date Time Period Format Qualifier			
			D8 Date Expressed in Format CCYYMMI	DD		
Required	DTP03	1251	Date Time Period	$\mathbf{M}$	AN 1/35	
			Expression of a date, a time, or range of dates, times or dates and times			
			NSF Reference: GA0-23.0 (for ambulance claims only), EA0-28.0			
			1.52 Territories. Si 15 25.5 (151 unitoutunes etumis omy), Er	0	•	

INDUSTRY: Related Hospitalization Admission Date

DTP Date - Discharge **Segment:** 

**Position:** 135

2300 Loop: Optional (Must Use)

Level: Summary Usage: Optional Max Use:

To specify any or all of a date, a time, or a time period **Purpose:** 

**Syntax Notes:** 

**Semantic Notes:** DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required for inpatient claims when the patient was discharged from the facility and the

discharge date is known.

**Data Element Summary** 

	Ref.	Data	Data Element Summary			
	Des.	<b>Element</b>	<u>Name</u>		<b>Attributes</b>	
Required	DTP01	374	Date/Time Qualifier		ID 3/3	
			Code specifying type of date or time, or both date and time			
			INDUSTRY: Date Time Qualifier			
			096 Discharge			
Required	DTP02	1250	Date Time Period Format Qualifier	$\mathbf{M}$	ID 2/3	
			Code indicating the date format, time format, or date and time format			
			INDUSTRY: Date Time Period Format Qualifier			
			D8 Date Expressed in Format CCYYMMD	D		
Required	DTP03	1251	Date Time Period	$\mathbf{M}$	AN 1/35	
			Expression of a date, a time, or range of dates, times or dates and times			
			NSF Reference: GA0-22.0 (for Ambulance Claims only), EA	0-29	.0	

INDUSTRY: Related Hospitalization Discharge Date

 $\operatorname{\mathbf{DTP}}$  Date - Assumed and Relinquished Care Dates **Segment:** 

**Position:** 135

2300 Loop: Optional (Must Use)

Level: Summary **Usage:** Optional Max Use:

**Purpose:** 

To specify any or all of a date, a time, or a time period

**Syntax Notes:** 

**Semantic Notes: Comments:**  DTP02 is the date or time or period format that will appear in DTP03.

**Notes:** 

Required on Medicare claims to indicate "assumed care date" and "relinquished care date" for situations where providers share post-operative care (global surgery claims). Assumed Care Date is the date care was assumed by another provider during postoperative care. Relinquished Care Date is the date the provider filing this claim ceased post-operative care. See Medicare guidelines for further explanation of these dates.

Example: Surgeon "A" relinquished post-operative care to Physician "B" five days after surgery. When Surgeon "A" submits a claim/encounter "A" will use code "091 - Report End" to indicate the day the surgeon relinquished care of this patient to Physician "B". When Physician "B" submits a claim/encounter "B" will use code "090 - Report Start" to indicate the date they assumed care of this patient from Surgeon "A".

#### **Data Element Summary**

	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>		<u>Attr</u>	<u>ibutes</u>
Required	DTP01	374	Date/Time Qualifie	er	M	ID 3/3
			Code specifying typ	e of date or time, or both date and time		
			INDUSTRY: Date 7	Гime Qualifier		
			090	Report Start		
			091	Assumed Care Date - Use code 090 to it the provider filing this claim assumed caprovider during post-operative care. Report End		
				Relinquished Care Date - Use code 091 date the provider filing this claim relinquiperative care to another provider.		
Required	DTP02	1250	Date Time Period	Format Qualifier	$\mathbf{M}$	ID 2/3
			Code indicating the	date format, time format, or date and time	forn	nat
			INDUSTRY: Date 7	Гime Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMD	D	
Required	DTP03	1251	<b>Date Time Period</b>		$\mathbf{M}$	AN 1/35
			•	pression of a date, a time, or range of dates, times or dates and times FR Reference: EA1-25.0 - Provider Assumed Care Date, HA0-05.0 -		
			Provider Relinquish	ned Care Date		

INDUSTRY: Assumed or Relinquished Care Date

PWK Claim Supplemental Information **Segment:** 

**Position:** 155

2300 Loop: Optional (Must Use)

Level: Summary Usage: Optional Max Use: 10

**Purpose: Syntax Notes:** 

To identify the type or transmission or both of paperwork or supporting information

**Semantic Notes:** 

**Comments:** 

If either PWK05 or PWK06 is present, then the other is required.

- 1 PWK05 and PWK06 may be used to identify the addressee by a code number.
- PWK07 may be used to indicate special information to be shown on the specified report.
- 3 PWK08 may be used to indicate action pertaining to a report.

Notes:

The PWK segment is required if there is paper documentation supporting this claim. The PWK segment should not be used if the information related to the claim is being sent within the 837 ST-SE envelope.

The PWK segment is required to identify attachments that are sent electronically (PWK02 = EL) but are transmitted in another functional group (e.g., 275) rather than by paper. PWK06 is used to identify the attached electronic documentation. The number in PWK06 would be carried in the TRN of the electronic attachment.

The PWK segment can be used to identify paperwork that is being held at the provider's office and is available upon request by the payer (or appropriate entity), but that is not being sent with the claim. Use code AA in PWK02 to convey this specific use of the PWK segment. See code note under PWK02, code AA.

#### **Data Element Summary**

	Ref.	Data		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attributes</u>
Required	PWK01	755	Report Type Code	M ID 2/2

Code indicating the title or contents of a document, report or supporting item ALIAS: Attachment Report Type Code

NSF Reference: EA	0-41.0
INDUSTRY: Attach	nment Report Type Code
77	Support Data for Verification
AS	REFERRAL. Use this code to indicate a completed referral form.  Admission Summary
710	A brief patient summary; it lists the patient's chief complaints and the reasons for admitting the patient to the hospital
B2	Prescription
В3	Physician Order
B4	Referral Form
CT	Certification
DA	Dental Models
DG	Cast of the teeth; they are usually taken before partial dentures or braces are placed Diagnostic Report
DS	Report describing the results of lab tests x-rays or radiology films Discharge Summary
	Report listing the condition of the patient upon release

from the hospital; it usually lists where the patient is

DRAFT				
				being released to, what medication the patient is taking and when to follow-up with the doctor
			EB	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)
				Summary of benefits paid on the claim
			MT	Models
			NN	Nursing Notes
			OB	Notes kept by the nurse regarding a patient's physical and mental condition, what medication the patient is on and when it should be given
			ОВ	Operative Note Step-by-step notes of exactly what takes place during an
			07	operation
			OZ	Support Data for Claim
			DM	Medical records that would support procedures performed; tests given and necessary for a claim
			PN	Physical Therapy Notes
			PO	Prosthetics or Orthotic Certification
			PZ RB	Physical Therapy Certification Radiology Films
			KD	X-rays, videos, and other radiology diagnostic tests
			RR	Radiology Reports
			KK	Reports prepared by a radiologists after the films or x-
				rays have been reviewed
			RT	Report of Tests and Analysis Report
Required	PWK02	<b>756</b>	Report Transmiss	sion Code O ID 1/2
			_	ing, transmission method or format by which reports are to
			be sent ALIAS: Attachme	nt Transmission Code
			NSF Reference: E.	A0-40.0
			INDUSTRY: Attac	chment Transmission Code  Available on Request at Provider Site
				This means that the paperwork is not being sent with the
				claim at this time. Instead, it is available to the payer (or appropriate entity) at their request.
			BM	By Mail
			EL	Electronically Only
				Use to indicate that attachment is being transmitted in a separate X12 functional group.
			EM	E-Mail
			FX	By Fax
Not Used	PWK03	757	Report Copies No	
NI 4 TI I	DXX/17.0.4	00		pies of a report that should be sent to the addressee
Not Used	PWK04	98	Entity Identifier	
			individual	in organizational entity, a physical location, property or an
Situatio	PWK05	66	Identification Co	
			Code designating t Code (67)	the system/method of code structure used for Identification
			Required if PWK0	)2 = "BM", "EL", "EM" or "FX".
			INDUSTRY: Ident	tification Code Qualifier
			AC	Attachment Control Number
				Means of associating electronic claim with
D00=11404 (0	040103/000			A 4 9 2001

			documentation forwarded by other many	
Situatio	PWK06	67	documentation forwarded by other means  Identification Code  X	AN 2/80
			Code identifying a party or other code	
			Required if PWK02 = "BM", "EL", "EM" or "FX".	
			ALIAS: Attachment Control Number	
			INDUSTRY: Attachment Control Number	
Not Used	PWK07	352	<b>Description</b> O	AN 1/80
			A free-form description to clarify the related data elements and t	heir content
Not Used	PWK08	C002	Actions Indicated O	)
			Actions to be performed on the piece of paperwork identified	
Not Used	C00201	704	Paperwork/Report Action Code M	I ID 1/2
			Code specifying how the paperwork or report that is identified in	the PWK
			segment relates to the transaction set or to identify the action that	•
Not Used	C00202	704	Paperwork/Report Action Code 0	12 1/2
			Code specifying how the paperwork or report that is identified in	
Not Used	C00203	704	segment relates to the transaction set or to identify the action that  Paperwork/Report Action Code  O	-
Not Oseu	C00203	704		
			Code specifying how the paperwork or report that is identified in segment relates to the transaction set or to identify the action that	
Not Used	C00204	704	Paperwork/Report Action Code 0	-
			Code specifying how the paperwork or report that is identified in segment relates to the transaction set or to identify the action that	
Not Used	C00205	704	Paperwork/Report Action Code O	*
			Code specifying how the paperwork or report that is identified in	the PWK
			segment relates to the transaction set or to identify the action that	
Not Used	PWK09	1525	Request Category Code O	ID 1/2
			Code indicating a type of request	

Segment: CN1 Contract Information

**Position:** 160

**Loop:** 2300 Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 1

Purpose:

To specify basic data about the contract or contract line item

Syntax Notes:

**Semantic Notes:** 1 CN102 is the contract amount.

2 CN103 is the allowance or charge percent.

3 CN104 is the contract code.

4 CN106 is an additional identifying number for the contract.

**Comments:** 

**Notes:** The developers of this implementation guide recommend that for non-capitated

situations, contract information be maintained in the receiver's files and not be transmitted with each claim whenever possible. It is recommended that submitters always

include CN1 for encounters that include only capitated services.

Required if the provider is contractually obligated to provide contract information on this claim.

			Data Elemo	ent Summary		
Required	Ref. <u>Des.</u> CN101	Data <u>Element</u> 1166	Name Contract Type Cod Code identifying a c ALIAS: Contract Ty	contract type	_	ributes ID 2/2
			INDUSTRY: Contra			
			02	Per Diem		
			03	A contract which allows certain charges per day basis Variable Per Diem	to be	e on a rate
			04	A contract which allows certain charges per day basis, where the rate may not re Flat		
			05	A contract between the provider of serv destination payor whereby the flat rate of from the total itemized charges Capitated		
			06	A contract between the provider of serv destination payor which allows paymen of service on a per member per month b Percent	t to th	
			09	Other		
Situatio	CN102	782		ider is required by contract to supply this	O s info	R 1/18
			the claim.  ALIAS: Contract An	mount		
<b>GI</b>	G3.14.0.2		INDUSTRY: Contra	act Amount		D 416
Situatio	CN103	332	Percent	o managent	О	R 1/6
			Percent expressed as	•		
			Allowance or charge	e percent		

Required if the provider is required by contract to supply this information on the claim.

**ALIAS: Contract Percent** 

INDUSTRY: Contract Percentage

Situatio CN104 127 **Reference Identification** O AN 1/30

> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Required if the provider is required by contract to supply this information on

the claim.

ALIAS: Contract Code

INDUSTRY: Contract Code

CN105 338 Situatio **Terms Discount Percent** O R 1/6

Terms discount percentage, expressed as a percent, available to the purchaser if an invoice is paid on or before the Terms Discount Due Date

Required if the provider is required by contract to supply this information on

the claim.

**ALIAS: Terms Discount Percent** 

INDUSTRY: Terms Discount Percentage

**799** Situatio CN106 **Version Identifier** O AN 1/30

> Revision level of a particular format, program, technique or algorithm Required if the provider is required by contract to supply this information on the claim.

ALIAS: Contract Version Identifier

INDUSTRY: Contract Version Identifier

 ${
m AMT}$  Credit/Debit Card Maximum Amount **Segment:** 

**Position:** 175

2300 Loop: Optional (Must Use)

Level: Summary Usage: Optional Max Use:

**Purpose:** To indicate the total monetary amount

**Syntax Notes: Semantic Notes: Comments:** 

> **Notes:** Use this segment only for claims that contain credit/debit card information. This segment

> > indicates the maximum amount that can be credited to the account indicated in 2010BD -

CREDIT/DEBIT CARD HOLDER NAME.

The information carried under this segment must never be sent to the payer. This information is only for use between a provider and a service organization offering patient collection services. In this case, it is the responsibility of the collection service organization to remove this segment before forwarding the claim to the payer.

			2 404 210110110 841111141		
	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>
Required	AMT01	522	Amount Qualifier Code	$\mathbf{M}$	ID 1/3
			Code to qualify amount		
			INDUSTRY: Amount Qualifier Code		
			MA Maximum Amount		
Required	AMT02	782	Monetary Amount	$\mathbf{M}$	R 1/18
			Monetary amount		
			INDUSTRY: Credit or Debit Card Maximum Amount		
Not Used	AMT03	478	Credit/Debit Flag Code	O	<b>ID</b> 1/1
			Code indicating whether amount is a credit or debit		

DRAFT

AMT Patient Amount Paid **Segment:** 

**Position:** 175

2300 Optional (Must Use) Loop:

Level: Summary Usage: Optional Max Use:

**Purpose:** To indicate the total monetary amount

**Syntax Notes: Semantic Notes: Comments:** 

> **Notes:** Required if the patient has paid any amount towards the claim.

> > Patient Amount Paid refers to the sum of all amounts paid on the claim by the patient or

his/her representative(s).

The Patient Amount Paid indicated in this segment applies to the entire claim. It is recommended that the Patient Amount Paid AMT segment be used at either the line(s) or

claim level but not at both.

	Ref.	Data		Summur y		
	<u>Des.</u>	<u>Element</u>	<u>Name</u>		<u>Attı</u>	<u>ributes</u>
Required	AMT01	522	Amount Qualifier (	Code	M	<b>ID</b> 1/3
			Code to qualify amo	ount		
			INDUSTRY: Amou	nt Qualifier Code		
			F5	Patient Amount Paid		
				Monetary amount value already paid by medical care	one	receiving
Required	AMT02	782	<b>Monetary Amount</b>		M	R 1/18
			Monetary amount			
			NSF Reference: XA	0-19.0		
			INDUSTRY: Patien	t Amount Paid		
Not Used	AMT03	478	Credit/Debit Flag (	Code	O	<b>ID</b> 1/1
			Code indicating whe	ther amount is a credit or debit		

DRAFT

Segment: AMT Total Purchased Service Amount

**Position:** 175

**Loop:** 2300 Optional (Must Use)

Loop: 2300 Level: Summary Usage: Optional

Max Use:

**Purpose:** To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

**Notes:** Required if there are purchased service components to this claim.

Dogwinod	Ref. Des.	Data Element	Name	Codo		ributes
Required	AMT01	522	Amount Qualifier		M	ID 1/3
			Code to qualify amo	ount		
			INDUSTRY: Amou	nt Qualifier Code		
			NE	Net Billed		
				Amount billed, less allowable payments sources	fron	other
				Use this code to indicate Total Purchase	d Ser	rvice
				Charges.		
Required	AMT02	782	<b>Monetary Amount</b>		$\mathbf{M}$	R 1/18
			Monetary amount			
			NSF Reference: EA	0-31.0		
Not Used	AMT03	478	INDUSTRY: Total I Credit/Debit Flag (	Purchased Service Amount Code	0	ID 1/1
			Code indicating who	ether amount is a credit or debit		

 ${f REF}$  Service Authorization Exception Code **Segment:** 

**Position:** 180

2300 Loop: Optional (Must Use)

Level: Summary **Usage:** Optional

Max Use:

**Notes:** 

**Purpose:** To specify identifying information

At least one of REF02 or REF03 is required. **Syntax Notes:** 

If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:**  REF04 contains data relating to the value cited in REF02.

Required when providers are required by state law (e.g., New York State Medicaid) to obtain authorization for specific services but, for the reasons listed in REF02, performed the service without obtaining the service authorization. Check with your state Medicaid to see if this applies in your state.

			Data Element Summary		
	Ref.	Data			
	Des.	<u>Element</u>	Name		ributes
Required	REF01	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
			INDUSTRY: Reference Identification Qualifier		
			4N Special Payment Reference Number		
Required	REF02	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier Allowable values for this element are:  1		or as
			INDUSTRY: Service Authorization Exception Code		
Not Used	REF03	352	Description	$\mathbf{X}$	AN 1/80
			A free-form description to clarify the related data elements a	nd the	eir content
Not Used	REF04	C040	Reference Identifier	O	
			To identify one or more reference numbers or identification	numb	ers as
			specified by the Reference Qualifier		
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction	Set o	or as
			specified by the Reference Identification Qualifier		
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction	Set o	or as
	G0.400.	4.00	specified by the Reference Identification Qualifier		TD 4/2
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
P837V401 (0	004010X098)		442		August 8, 200

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Segment:  ${f REF}$  Mandatory Medicare (Section 4081) Crossover Indicator

**Position:** 180

**Loop:** 2300 Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:** 

**Notes:** 

1 REF04 contains data relating to the value cited in REF02.

Required for Medicare COB crossover claims when Beneficiary Assignment for mandatory Medicare (Section 4081) claim applies. This segment is only completed by Medicare providers do not use this segment.

If this segment is not used that means this situation does not apply.

		_	Data Element Summary		
	Ref.	Data	N		•1
Required	<u>Des.</u> REF01	Element 128	Name Reference Identification Qualifier	Atti M	ributes ID 2/3
Kequireu	KEFUI	120	_	IVI	ID 2/3
			Code qualifying the Reference Identification		
			INDUSTRY: Reference Identification Qualifier		
			F5 Medicare Version Code		
			Identifies the release of a set of informa		
			requirements to distinguish from previo		
			that may differ; the version in question	is that	t which is
Required	REF02	127	being used by Medicare  Reference Identification	X	AN 1/30
Required	KEF 02	127	Reference information as defined for a particular Transaction		
			specified by the Reference Identification Qualifier	. Set C	n as
			The allowed values for this element are:		
			Y 4081 (NSF Value 1)		
			N Regular crossover (NSF Value 2)		
			NSF Reference: DA0-30.0		
			INDUSTRY: Medicare Section 4081 Indicator		
Not Used	REF03	352	Description	X	AN 1/80
			A free-form description to clarify the related data elements as	nd the	eir content
Not Used	REF04	C040	Reference Identifier	O	
			To identify one or more reference numbers or identification in	ıumbe	ers as
Not Used	C04001	128	specified by the Reference Qualifier  Reference Identification Qualifier	М	ID 2/3
Not Usea	C04001	120	~	IVI	ID 2/3
Not Used	C04002	127	Code qualifying the Reference Identification  Reference Identification	М	AN 1/30
Not Usea	C04002	147			,
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set c	or as
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
1,00 0,000	001000	120	Code qualifying the Reference Identification		12 2,0
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction	Set o	or as
			specified by the Reference Identification Qualifier		
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		

DRAFT

Not Used C04006 127 Reference Identification X AN 1/30

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Segment:  ${f REF}$  Mammography Certification Number

**Position:** 180

**Loop:** 2300 Optional (Must Use)

Level: Summary Usage: Optional

Max Use: 1

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

If either C04003 or C04004 is present, then the other is required.
If either C04005 or C04006 is present, then the other is required.

1 REF04 contains data relating to the value cited in REF02.

**Semantic Notes:** Comments:

**Notes:** Required on Medicare claims for all mammography services.

	Ref.	Data	Data Element Summary		
	Des.	Element	Name	Attı	ibutes
Required	REF01	128	Reference Identification Qualifier		ID 2/3
			Code qualifying the Reference Identification		
			INDUSTRY: Reference Identification Qualifier		
			EW Mammography Certification Number		
			Health Care Financing Administration certification number of the certified ma		
			screening center	31111110	5rupiry
Required	REF02	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier NSF Reference: FA0-31.0	Set o	or as
			INDUSTRY: Mammography Certification Number		
Not Used	REF03	352	Description	X	AN 1/80
			A free-form description to clarify the related data elements a	nd the	eir content
Not Used	REF04	C040	Reference Identifier	0	
			To identify one or more reference numbers or identification specified by the Reference Qualifier	numbe	ers as
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	$\mathbf{M}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as

Segment: **REF** Prior Authorization or Referral Number

**Position:** 180

**Loop:** 2300 Optional (Must Use)

Level: Summary Usage: Optional

Max Use: 2

**Notes:** 

Ref.

Data

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

Semantic Notes: Comments: 1 REF04 contains data relating to the value cited in REF02.

Numbers at this position apply to the entire claim unless they are overridden in the REF segment in Loop ID-2400. A reference identification is considered to be overridden if the value in REF01 is the same in both the Loop ID-2300 REF segment and the Loop ID-2400 REF segment. In that case, the Loop ID-2400 REF applies only to that specific line.

Required where services on this claim were preauthorized or where a referral is involved. Generally, preauthorization/referral numbers are those numbers assigned by the payer/UMO to authorize a service prior to its being performed. The UMO (Utilization Management Organization) is generally the entity empowered to make a decision regarding the outcome of a health services review or the owner of information. The referral or prior authorization number carried in this REF is specific to the destination payer reported in the 2010BB loop. If other payers have similar numbers for this claim, report that information in the 2330 loop REF which holds that payer's information.

	Des.	Element	<u>Name</u>		Attr M	ributes ID 2/3	
Required	REF01	128		Reference Identification Qualifier			
			Code qualifying the	Code qualifying the Reference Identification			
			INDUSTRY: Refere	nce Identification Qualifier			
			9F	Referral Number			
			G1	Prior Authorization Number			
				An authorization number acquired prior of a claim	to the	e submission	
Required	REF02	127	Reference Identific	ation	X	AN 1/30	
			Reference information as defined for a particular Transaction Set or specified by the Reference Identification Qualifier NSF Reference: DA0-14.0				
			INDUSTRY: Prior A	Authorization or Referral Number			
Not Used	REF03	352	Description		$\mathbf{X}$	AN 1/80	
			A free-form descript	ion to clarify the related data elements ar	nd the	eir content	
Not Used	REF04	C040	Reference Identifie	r	O		
			To identify one or management specified by the Reference	ore reference numbers or identification reference Qualifier	ıumbe	ers as	
Not Used	C04001	128	Reference Identific	ation Qualifier	$\mathbf{M}$	ID 2/3	
			Code qualifying the	Reference Identification			
Not Used	C04002	127	Reference Identific	ation	$\mathbf{M}$	AN 1/30	
				on as defined for a particular Transaction erence Identification Qualifier	Set o	or as	
Not Used	C04003	128	Reference Identific	ation Qualifier	$\mathbf{X}$	ID 2/3	
			Code qualifying the	Reference Identification			
Not Used	C04004	127	Reference Identific	ation	$\mathbf{X}$	AN 1/30	
			Reference information	on as defined for a particular Transaction	Set o	or as	

Not Used	C04005	128	specified by the Reference Identification Qualifier  Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	n Set o	or as

Segment: REF original Reference Number (ICN/DCN)

**Position:** 180

**Loop:** 2300 Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

1 REF04 contains data relating to the value cited in REF02.

**Notes:** Required when CLM05-3 (Claim Submission Reason Code) = "6", "7", or "8" and the payer has assigned a payer number to the claim. The resubmission number is assigned to a previously submitted claim/encounter by the destination payer or receiver.

This segment can be used for the payer assigned Original Document Control Number/Internal Control Number (DCN/ICN) assigned to this claim by the payer identified in the 2010BB loop of this claim. This number would be received from a payer in a case where the payer had received the original claim and, for whatever reason, had (1) asked the provider to resubmit the claim and (2) had given the provider the payer's claim identification number. In this case the payer is expecting the provider to give them back their (the payer's) claim number so that the payer can match it in their adjudication system. By matching this number in the adjudication system, the payer knows this is not a duplicate claim.

This information is specific to the destination payer reported in the 2010BB loop. If other payers have a similar number, report that information in the 2330 loop which holds that payer's information.

	Ref.	Data	•		
	Des.	<b>Element</b>	<u>Name</u>	Attr	<u>ributes</u>
Required	REF01	128	Reference Identification Qualifier	$\mathbf{M}$	ID 2/3
			Code qualifying the Reference Identification		
			INDUSTRY: Reference Identification Qualifier		
			F8 Original Reference Number		
Required	REF02	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier ALIAS: Claim Original Reference Number (ICN/DCN)	Set o	or as
			NSF Reference: EA0-47.0, INDUSTRY: Claim Original Ref	erenc	e Number
Not Used	REF03	352	Description	X	AN 1/80
			A free-form description to clarify the related data elements as	nd the	eir content
Not Used	REF04	C040	Reference Identifier	O	
			To identify one or more reference numbers or identification r specified by the Reference Qualifier	ıumbe	ers as
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	$\mathbf{M}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
D0271401 (6	00404037000		Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier		or as

DRAFT <b>Not Used</b>	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transactio specified by the Reference Identification Qualifier	n Set o	or as

Segment: REF Clinical Laboratory Improvement Amendment (CLIA) Number

**Position:** 180

**Loop:** 2300 Optional (Must Use)

Level: Summary Usage: Optional Max Use: 3

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

**Notes:** 

1 REF04 contains data relating to the value cited in REF02.

Required on Medicare and Medicaid claims for any laboratory performing tests covered by the CLIA Act.

If a CLIA number is indicated at the line level (Loop ID-2400) in addition to the claim level (Loop ID-2300), that would indicate an exception to the CLIA number at the claim level for that individual line.

In cases where this claim contains both in-house and outsourced laboratory services: For laboratory services preformed by the billing or rendering provider the CLIA number is reported here for laboratory services which were outsourced, report that CLIA number at the 2400 loop.

			Data Element Summary				
	Ref. Des.	Data Element	Name	Δttı	ributes		
Required	REF01	128	Reference Identification Qualifier	M	ID 2/3		
_			Code qualifying the Reference Identification				
			INDUSTRY: Reference Identification Qualifier				
			X4 Clinical Laboratory Improvement Amer	ndme	nt Number		
Required	REF02	127	Reference Identification	$\mathbf{X}$	AN 1/30		
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier NSF Reference: FA0-34.0	Set o	or as		
Not Used	REF03	352	INDUSTRY: Clinical Laboratory Improvement Amendment <b>Description</b>	Num X	nber AN 1/80		
			A free-form description to clarify the related data elements and their				
Not Used	REF04	C040	Reference Identifier	O			
			To identify one or more reference numbers or identification r specified by the Reference Qualifier	numb	ers as		
Not Used	C04001	128	Reference Identification Qualifier	$\mathbf{M}$	ID 2/3		
			Code qualifying the Reference Identification				
Not Used	C04002	127	Reference Identification	$\mathbf{M}$	AN 1/30		
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as		
Not Used	C04003	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3		
			Code qualifying the Reference Identification				
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30		
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as		
Not Used	C04005	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3		
			Code qualifying the Reference Identification				
Not Used	C04006	127	Reference Identification	X	AN 1/30		
			Reference information as defined for a particular Transaction	Set o	or as		
D02737401 (C	0.40103/000		451		A 4 0 200		

Segment: REF Repriced Claim Number

**Position:** 180

**Loop:** 2300 Optional (Must Use)

Level: Summary Usage: Optional

Max Use: 1

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

1 REF04 contains data relating to the value cited in REF02.

**Notes:** Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

	Ref.	Data	Data Element Summary				
	Des.	Element	Name	Attı	ributes		
Required	REF01	128	Reference Identification Qualifier	M	ID 2/3		
			Code qualifying the Reference Identification				
			INDUSTRY: Reference Identification Qualifier				
			9A Repriced Claim Reference Number				
Required	REF02	127	Reference Identification	X	AN 1/30		
•			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Reference information as defined for a particular Transaction Set or as			
			NSF Reference: FE0-06.0 (TPO Reference Number)				
			INDUSTRY: Repriced Claim Reference Number				
Not Used	REF03	352	Description	X	AN 1/80		
			A free-form description to clarify the related data elements a	nd the	eir content		
Not Used	REF04	C040	Reference Identifier	O			
			To identify one or more reference numbers or identification	numbe	ers as		
NI 4 TI 1	C04001	120	specified by the Reference Qualifier	3.6	TD 2/2		
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3		
<b>N</b> 7	G0 400 <b>2</b>	40=	Code qualifying the Reference Identification	3.5	137 4 130		
Not Used	C04002	127	Reference Identification	M	AN 1/30		
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as		
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3		
			Code qualifying the Reference Identification				
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30		
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as		
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3		
			Code qualifying the Reference Identification				
Not Used	C04006	127	Reference Identification	X	AN 1/30		
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as		

Segment:  $\operatorname{REF}$  Adjusted Repriced Claim Number

**Position:** 180

**Loop:** 2300 Optional (Must Use)

Level: Summary
Usage: Optional

Max Use: 1

**Notes:** 

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

1 REF04 contains data relating to the value cited in REF02.

Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

Required	Ref. <u>Des</u> . REF01	Data Element 128	Name Reference Identification Qualifier	Attr M	ributes ID 2/3
			Code qualifying the Reference Identification		
			INDUSTRY: Reference Identification Qualifier		
			9C Adjusted Repriced Claim Reference Nu	mber	
Required	REF02	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier INDUSTRY: Adjusted Repriced Claim Reference Number	Set o	or as
Not Used	REF03	352	Description	$\mathbf{X}$	AN 1/80
			A free-form description to clarify the related data elements are	nd the	ir content
Not Used	REF04	C040	Reference Identifier	O	
			To identify one or more reference numbers or identification r specified by the Reference Qualifier		
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	M	AN 1/30
	~~		Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier		
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
	G0.400.4	4.5=	Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	r as
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as

Segment:  ${f REF}$  Investigational Device Exemption Number

**Position:** 180

**Loop:** 2300 Optional (Must Use)

Level: Summary Usage: Optional

Max Use: 1

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** 

1 REF04 contains data relating to the value cited in REF02.

**Comments:** Notes:

Required when claim involves an FDA assigned investigational device exemption (IDE)

number. Only one IDE per claim is to be reported.

Required	Ref. <u>Des.</u> REF01	Data <u>Element</u> 128	Name Reference Identification Qualifier	Attı M	ributes ID 2/3
			Code qualifying the Reference Identification		
			INDUSTRY: Reference Identification Qualifier		
			LX Qualified Products List		
Required	REF02	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier NSF Reference: EA0-54.0	Set o	or as
			INDUSTRY: Investigational Device Exemption Identifier		
Not Used	REF03	352	Description	$\mathbf{X}$	AN 1/80
			A free-form description to clarify the related data elements a	nd the	eir content
Not Used	REF04	C040	Reference Identifier	O	
			To identify one or more reference numbers or identification in	ıumbe	ers as
Not Used	C04001	128	specified by the Reference Qualifier  Reference Identification Qualifier	M	ID 2/3
Not Useu	C04001	120	Code qualifying the Reference Identification	IVI	ID 2/3
Not Used	C04002	127	Reference Identification	М	AN 1/30
1100 0500	001002		Reference information as defined for a particular Transaction	Set o	
			specified by the Reference Identification Qualifier		
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as

 ${f REF}$  Claim Identification Number for Clearing Houses and Other **Segment:** 

**Transmission Intermediaries** 

**Position:** 180

> Loop: 2300 Optional (Must Use)

Level: Summary **Usage:** Optional 1

Max Use:

**Notes:** 

**Purpose:** To specify identifying information

At least one of REF02 or REF03 is required. **Syntax Notes:** 

If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:**  REF04 contains data relating to the value cited in REF02.

Used only by transmission intermediaries (Automated Clearing Houses, and others) who need to attach their own unique claim number.

Although this REF is supplied for transmission intermediaries to attach their own unique claim number to a claim/encounter, 837-recipients are not required under HIPAA to return this number in any HIPAA transaction. Trading partners may voluntarily agree to this interaction if they wish.

# Data Floment Summary

			Data Element Summary			
	Ref. Des.	Data <u>Element</u>	Name	Attr	<u>ibutes</u>	
Required	REF01	128	Reference Identification Qualifier	M	ID 2/3	
			Code qualifying the Reference Identification			
			Number assigned by clearinghouse/van/etc.			
			INDUSTRY: Reference Identification Qualifier D9 Claim Number			
			Sequence number to track the number o within a particular line of business	f clai	ms opened	
Required	REF02	127	Reference Identification	X	AN 1/30	
	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier  The value carried in this element is limited to a maximum of 20 positions.					
			INDUSTRY: Clearinghouse Trace Number			
Not Used	REF03	352	Description	$\mathbf{X}$	AN 1/80	
			A free-form description to clarify the related data elements ar	nd the	ir content	
Not Used	REF04	C040	Reference Identifier	O		
			To identify one or more reference numbers or identification in specified by the Reference Qualifier	umbe	ers as	
Not Used	C04001	128	Reference Identification Qualifier	$\mathbf{M}$	ID 2/3	
			Code qualifying the Reference Identification			
Not Used	C04002	127	Reference Identification	$\mathbf{M}$	AN 1/30	
			Reference information as defined for a particular Transaction	Set o	or as	
Not Used	C04003	128	specified by the Reference Identification Qualifier  Reference Identification Qualifier	X	ID 2/3	
			Code qualifying the Reference Identification			
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30	
			Reference information as defined for a particular Transaction	Set o	or as	
Not Used	C04005	128	specified by the Reference Identification Qualifier  Reference Identification Qualifier	X	ID 2/3	
	30.002		Code qualifying the Reference Identification			
Not Used	C04006	127	Reference Identification	X	AN 1/30	

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Segment:  $\mathbf{REF}$  Ambulatory Patient Group (APG)

**Position:** 180

**Loop:** 2300 Optional (Must Use)

Level: Summary Usage: Optional

Max Use: 4

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

1 REF04 contains data relating to the value cited in REF02.

Notes: Required if the contractual reimburseme

Required if the contractual reimbursement arrangement between provider and payer is based on APG and their contractual arrangement requires that the provider send APG information to the payer on each claim.

	Ref. <u>Des.</u>	Data <u>Element</u>	<u>Name</u>		<u>ributes</u>	
Required	REF01	128	Reference Identification Qualifier	M	ID 2/3	
			Code qualifying the Reference Identification			
			INDUSTRY: Reference Identification Qualifier			
			1S Ambulatory Patient Group (APG) Num	ıber		
Required	REF02	127	Reference Identification	X	AN 1/30	
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier INDUSTRY: Ambulatory Patient Group Number	ı Set o	or as	
Not Used	REF03	352	Description	X	AN 1/80	
			A free-form description to clarify the related data elements a	nd the	eir content	
Not Used	REF04	C040	Reference Identifier	0		
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier			
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3	
			Code qualifying the Reference Identification			
Not Used	C04002	127	Reference Identification	M	AN 1/30	
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	ı Set o	or as	
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3	
			Code qualifying the Reference Identification			
Not Used	C04004	127	Reference Identification	X	AN 1/30	
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	ı Set o	or as	
Not Used	C04005	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3	
			Code qualifying the Reference Identification			
Not Used	C04006	127	Reference Identification	X	AN 1/30	
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	ı Set o	or as	

Segment: **REF** Medical Record Number

**Position:** 180

**Loop:** 2300 Optional (Must Use)

Level: Summary
Usage: Optional

Max Use: 1

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

If either C04003 or C04004 is present, then the other is required.
If either C04005 or C04006 is present, then the other is required.

REF04 contains data relating to the value cited in REF02.

**Semantic Notes:** Comments:

**Notes:** Used at discretion of submitter.

	Ref.	Data		in Summary		
	Des.	<b>Element</b>	Name			ributes ID 2/3
Required	REF01	128		Reference Identification Qualifier		
				Reference Identification		
			INDUSTRY: Refere	nce Identification Qualifier		
			EA	Medical Record Identification Number		
				A unique number assigned to each patie of service (hospital) to assist in retrieva records		
Required	REF02	127	Reference Identifica	ation	$\mathbf{X}$	AN 1/30
				on as defined for a particular Transaction erence Identification Qualifier al Record Number	Set o	or as
Not Used	REF03	352	Description		X	AN 1/80
			A free-form descript	ion to clarify the related data elements as	nd the	eir content
Not Used	REF04	C040	Reference Identifie	r	O	
			•	ore reference numbers or identification i	numbe	ers as
			specified by the Refe			
Not Used	C04001	128	Reference Identification	_	M	ID 2/3
				Reference Identification		
Not Used	C04002	127	Reference Identifica		M	AN 1/30
				on as defined for a particular Transaction erence Identification Qualifier	Set o	or as
Not Used	C04003	128	Reference Identification	ation Qualifier	X	ID 2/3
			Code qualifying the	Reference Identification		
Not Used	C04004	127	Reference Identifica	ation	X	AN 1/30
				on as defined for a particular Transaction erence Identification Qualifier	Set o	or as
Not Used	C04005	128	Reference Identific	ation Qualifier	X	ID 2/3
			Code qualifying the	Reference Identification		
Not Used	C04006	127	Reference Identifica	ation	$\mathbf{X}$	AN 1/30
				on as defined for a particular Transaction erence Identification Qualifier	Set o	or as

Segment:  $\mathbf{REF}$  Demonstration Project Identifier

**Position:** 180

**Loop:** 2300 Optional (Must Use)

Level: Summary
Usage: Optional

Max Use: 1

**Notes:** 

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:** 

**1** REF04 contains data relating to the value cited in REF02.

Required on claims/encounters where a demonstration project is being billed/reported. This information is specific to the destination payer reported in the 2010BB loop. If other payers have a similar number, report that information in the 2330 loop which holds that payer's information.

	Ref.	Data	Data Exement Summary		
	Des.	<b>Element</b>	<u>Name</u>		<u>ributes</u>
Required	REF01	128	Reference Identification Qualifier	$\mathbf{M}$	ID 2/3
			Code qualifying the Reference Identification		
			INDUSTRY: Reference Identification Qualifier		
			P4 Project Code		
Required	REF02	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier NSF Reference: EA0-43.0	ı Set o	or as
			INDUSTRY: Demonstration Project Identifier		
Not Used	REF03	352	Description	X	AN 1/80
			A free-form description to clarify the related data elements a	nd the	eir content
Not Used	REF04	C040	Reference Identifier	O	
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier		
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
Not Used	C04005	128	Reference information as defined for a particular Transaction Set or a specified by the Reference Identification Qualifier  Reference Identification Qualifier  X II		or as ID 2/3
1,00 CDCU	20.000	120	Code qualifying the Reference Identification		-D = 0
Not Used	C04006	127	Reference Identification	X	AN 1/30
noi oscu	204000	141	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

Segment: K3 File Information

Position: 185

**Loop:** 2300 Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 10

Purpose: To

To transmit a fixed-format record or matrix contents

Syntax Notes: Semantic Notes:

nantic Notes: 1 K303 identifies the value of the index.

Comments:

1 The default for K302 is content.

Notes:

At the time of publication K3 segments have no specific use. However, they have been included in this implementation guide to be used as an emergency kludge (fix-it) in the case of an unexpected data requirement by a state regulatory authority. This data element can only be required if the specific use is a result of a state law or a regulation issued by a state agency after the publication of this implementation guide, and only if the appropriate national body (X12N, HCPCS, NUBC, NUCC, etc) cannot offer an alternative solution within the current structure of the implementation guide.

This segment may only be required if a state concludes it must use the K3 to meet an emergency legislative requirement AND the administering state agency or other state organization has contacted the X12N workgroup, requested a review of the K3 data requirement to ensure there is not an existing method within the implementation guide to meet this requirement, and X12N determines that there is no method to meet the requirement. Only then may the state require the temporary use of the K3 to meet the requirement. X12N will submit the necessary data maintenance and refer the request to the appropriate data content committee.

Required	Ref. <u>Des.</u> K301	Data <u>Element</u> 449	Name Fixed Format Information		ributes AN 1/80
			Data in fixed format agreed upon by sender and receiver		
			NSF Reference: HA0-05.0		
			INDUSTRY: Fixed Format Information		
Not Used	K302	1333	Record Format Code	O	ID 1/2
			Code specifying the format of information		
Not Used	K303	C001	Composite Unit of Measure	O	
			To identify a composite unit of measure (See Figures Apper	ndix f	or examples
Ni. 4 Ti I	C00101	255	of use)	3.7	ID 2/2
Not Used	C00101	355	Unit or Basis for Measurement Code	M	ID 2/2
			Code specifying the units in which a value is being expressed which a measurement has been taken	d, or i	manner in
Not Used	C00102	1018	Exponent	o	R 1/15
			Power to which a unit is raised		
Not Used	C00103	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	C00104	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expressed which a measurement has been taken	d, or 1	manner in
Not Used	C00105	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
Not Used	C00106	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	C00107	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expressed	d, or 1	manner in

DRAFT

Not Used	C00108	1018	which a measurement has been taken  Exponent	o	R 1/15
			Power to which a unit is raised		
Not Used	C00109	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	C00110	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expressed which a measurement has been taken	, or	manner in
Not Used	C00111	1018	Exponent	0	R 1/15
			Power to which a unit is raised		
Not Used	C00112	649	Multiplier	$\mathbf{o}$	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	C00113	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expressed which a measurement has been taken	, or	manner in
Not Used	C00114	1018	Exponent	$\mathbf{o}$	R 1/15
			Power to which a unit is raised		
Not Used	C00115	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		

NTE Claim Note **Segment:** 

190 **Position:** 

> 2300 Loop: Optional (Must Use)

Level: Summary **Usage:** Optional Max Use:

**Purpose:** To transmit information in a free-form format, if necessary, for comment or special

instruction

**Syntax Notes: Semantic Notes:** 

**Comments:** 

The NTE segment permits free-form information/data which, under ANSI X12 standard implementations, is not machine processable. The use of the NTE segment should therefore be avoided, if at all possible, in an automated environment.

**Notes:** 

Information in the NTE segment in Loop ID-2300 applies to the entire claim unless overridden by information in the NTE segment in Loop ID-2400. Information is considered to be overridden when the value in NTE01 in Loop ID-2400 is the same as the value in NTE01 in Loop ID-2300.

The developers of this implementation guide discourage using narrative information within the 837. Trading partners who require narrative information with claims are encouraged to codify that information within the ASC X12 environment.

Required when: (1) State regulations mandate information not identified elsewhere within the claim set or (2) in the opinion of the provider, the information is needed to substantiate the medical treatment and is not supported elsewhere within the claim data set.

#### **Data Element Summary**

	Ref.	Data		
	Des.	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	NTE01	363	Note Reference C	Code O ID 3/3
			Code identifying t	he functional area or purpose for which the note applies
			INDUSTRY: Note	e Reference Code
			ADD	Additional Information
			CER	Certification Narrative
				Any notes associated with the certification involved
			DCP	Goals, Rehabilitation Potential, or Discharge Plans
			DGN	Diagnosis Description
				Verbal description of the condition involved
			PMT	Payment
			TPO	Third Party Organization Notes
Required	NTE02	352	Description	M AN 1/80
			A free-form descr	ption to clarify the related data elements and their content

NSF Reference: HA0-05.0

INDUSTRY: Claim Note Text

Segment: CR1 Ambulance Transport Information

**Position:** 195

**Loop:** 2300 Optional (Must Use)

Level: Summary Usage: Optional

Max Use: 1

**Purpose:** To supply information related to the ambulance service rendered to a patient

**Syntax Notes:** 1 If either CR101 or CR102 is present, then the other is required.

2 If either CR105 or CR106 is present, then the other is required.

**Semantic Notes:** 1 CR102 is the weight of the patient at time of transport.

2 CR106 is the distance traveled during transport.

3 CR107 is the address of origin.

4 CR108 is the address of destination.

5 CR109 is the purpose for the round trip ambulance service.

**6** CR110 is the purpose for the usage of a stretcher during ambulance service.

**Comments:** 

**Notes:** The CR1 segment in Loop ID-2300 applies to the entire claim unless an exception is

reported in the CR1 segment in Loop ID-2400.

Required on all claims involving ambulance services.

		_	Data Element Summary		
	Ref. <u>Des.</u>	Data <u>Element</u>	<u>Name</u>	<u>Attı</u>	<u>ributes</u>
Situatio	CR101	355	<b>Unit or Basis for Measurement Code</b>	X	ID 2/2
			Code specifying the units in which a value is being expressed which a measurement has been taken Required if needed to justify extra ambulance services.	or i	nanner in
			INDUSTRY: Unit or Basis for Measurement Code LB Pound		
Situatio	CR102	81	Weight	$\mathbf{X}$	R 1/10
			Numeric value of weight		
			Required if needed to justify extra ambulance services.		
			ALIAS: Patient Weight		
			NSF Reference: GA0-05.0		
			INDUSTRY: Patient Weight		
Required	CR103	1316	Ambulance Transport Code	O	ID 1/1
			Code indicating the type of ambulance transport		
			ALIAS: Ambulance Transport Code		
			NSF Reference: GA0-07.0		
			INDUSTRY: Ambulance Transport Code		
			I Initial Trip		
			R Return Trip		
			T Transfer Trip		
			Ambulance from one facility to another		
			X Round Trip		
Required	CR104	1317	Ambulance Transport Reason Code	O	ID 1/1
			Code indicating the reason for ambulance transport		
			ALIAS: Ambulance Transport Reason Code		

NSF Reference: GA0-15.0

			INDUSTRY: Ambulance Transport Reason Code			
			A	Patient was transported to nearest facility for care of		care of
				symptoms, complaints, or both		C 1.
				Can be used to indicate that the patient a residential facility.	was ti	ansferred to
			В	Patient was transported for the benefit of	ıf a pr	eferred
			D	physician	r u pr	cicirca
			C	Patient was transported for the nearness	of fa	mily
				members		
			D	Patient was transported for the care of a	spec	ialist or for
			Е	availability of specialized equipment Patient Transferred to Rehabilitation Fa	oility	
Dogwinod	CD105	355			X	ID 2/2
Required	CR105	333		Measurement Code		
				he units in which a value is being expressed nent has been taken	1, OF I	nanner in
				t or Basis for Measurement Code		
			DH	Miles		
Required	CR106	380	Quantity		X	R 1/15
•			Numeric value of	quantity		
				FA0-50.0 is used only in Medicare payer-t	o-pay	er COB
			situations.	control and conf	FJ	
			ALIAS: Transpor	t Distance		
			NSE Deference: (	GA0-17.0, FA0-50.0		
			NSI Reference.	1A0-17.0, 1A0-30.0		
			INDUSTRY: Trai	•		
Not Used	CR107	166	Address Informa		O	AN 1/55
			Address informati			
Not Used	CR108	166			AN 1/55	
			Address informati	on		
Situatio	CR109	352	Description		O	AN 1/80
				iption to clarify the related data elements at 3 (Ambulance Transport Code) = "X - Rou l.		
			ALIAS: Round Tr	rip Purpose Description		
			NSF Reference: C	GA0-20.0		
Situatio	CR110	352	<b>Description</b> A free-form descr	nd Trip Purpose Description  iption to clarify the related data elements and to justify use on of stretcher.	O nd the	AN 1/80 ir content
			Required if fleede	d to justify usage of stretcher.		
			ALIAS: Stretcher	Purpose Description		
			NSF Reference: C	GA0-21.0		

Segment: CR2 Spinal Manipulation Service Information

Position: 200

**Loop:** 2300 Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 1

Purpose: To sup

: To supply information related to the chiropractic service rendered to a patient

**Syntax Notes:** 1 If either CR201 or CR202 is present, then the other is required.

2 If CR204 is present, then CR203 is required.

3 If either CR205 or CR206 is present, then the other is required.

**Semantic Notes:** 1 CR201 is the number this treatment is in the series.

2 CR202 is the total number of treatments in the series.

- 3 CR206 is the time period involved in the treat ment series.
- 4 CR207 is the number of treatments rendered in the month of service.
- 5 CR209 is complication indicator. A "Y" value indicates a complicated condition; an "N" value indicates an uncomplicated condition.
- 6 CR210 is a description of the patient's condition.
- 7 CR211 is an additional description of the patient's condition.
- **8** CR212 is X-rays availability indicator. A "Y" value indicates X-rays are maintained and available for carrier review; an "N" value indicates X-rays are not maintained and available for carrier review.
- **Comments:** 1 When both CR203 and CR204 are present, CR203 is the beginning level of subluxation and CR204 is the ending level of subluxation.

**Notes:** The CR2 segment in Loop ID-2300 applies to the entire claim unless overridden by the presence of a CR2 segment in Loop ID-2400.

Required on all claims involving spinal manipulation. Such claims could originate with chiropractors, physical therapists, DOs, and many other types of health care providers.

			Data Element Su	mmary		
Required	Ref. <u>Des.</u> CR201	Data <u>Element</u> 609	Name Count		Attr X	ributes N0 1/9
			Occurrence counter			
			ALIAS: Treatment Number	r. Spinal Manipulation		
			NSF Reference: GC0-07.0			
Required	CR202	380	INDUSTRY: Treatment So <b>Quantity</b>	eries Number	X	R 1/15
Requireu	CK202	.K2U2 30U	Numeric value of quantity		Λ	K 1/13
			• •	T-4-1 Coin-1 Manipulation		
			ALIAS: Treatment Series	Total. Spinal Manipulation		
			NSF Reference: GC0-07.0			
	~~~		INDUSTRY: Treatment Co	ount		
Situatio	CR203	1367	<b>Subluxation Level Code</b>		X	ID 2/3
			Code identifying the specia			
			Required if subluxation is	involved in the claim.		
			ALIAS: Subluxation Leve	Code		
			NSF Reference: GC0-08.0			
			INDUSTRY: Subluxation C1 Cervi			
			Adius	stment of the first neck vertebrae		
			C2 Cervi			

	Adjustment of the second neck vertebrae
C3	Cervical 3
	Adjustment of the third neck vertebrae
C4	Cervical 4
	Adjustment of the fourth neck vertebrae
C5	Cervical 5
	Adjustment of the fifth neck vertebrae
C6	Cervical 6
	Adjustment of the sixth neck vertebrae
C7	Cervical 7
	Adjustment of the seventh neck vertebrae
CO	Coccyx
	Adjustment of the caudal extremity of the vertebrae
IL	Ilium
	Adjustment of the expansive superior portion of the hip
T 1	bone
L1	Lumbar 1
	Adjustment of the first vertebrae between the thorax and the pelvis
L2	Lumbar 2
	Adjustment of the second vertebrae between the thorax
	and the pelvis
L3	Lumbar 3
	Adjustment of the third vertebrae between the thorax and
т 4	the pelvis Lumbar 4
L4	
	Adjustment of the fourth vertebrae between the thorax and the pelvis
L5	Lumbar 5
	Adjustment to the fifth vertebrae between the thorax and
	the pelvis
OC	Occiput
	Adjustment of the back part of the neck
SA	Sacrum
	Adjustment of the triangular bone just below the lumbar
T1	vertebrae Thoracic 1
11	Adjustment of the first vertebrae located between the
	neck and the respiratory diaphragm
T10	Thoracic 10
	Adjustment of the tenth vertebrae located between the
	neck and the respiratory diaphragm
T11	Thoracic 11
	Adjustment of the eleventh vertebrae located between the neck and the respiratory diaphragm
T12	Thoracic 12
112	Adjustment of the twelfth vertebrae located between the
	neck and the respiratory diaphragm
T2	Thoracic 2
	Adjustment of the second vertebrae located between the
Т2	neck and the respiratory diaphragm
T3	Thoracic 3  Adjustment of the third vertebree legated between the
	Adjustment of the third vertebrae located between the neck and the respiratory diaphragm
T4	Thoracic 4

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			T5	Adjustment of the fourth vertebrae located between the neck and the respiratory diaphragm Thoracic 5
			13	
			Т6	Adjustment of the fifth vertebrae located between the neck and the respiratory diaphragm Thoracic 6
				Adjustment of the sixth vertebrae located between the
			Т7	neck and the respiratory diaphragm Thoracic 7
				Adjustment of the seventh vertebrae located between the
			Т8	neck and the respiratory diaphragm Thoracic 8
				Adjustment of the eighth vertebrae located between the
			Т9	neck and the respiratory diaphragm Thoracic 9
				Adjustment of the ninth vertebrae located between the
G*4 4*	CD 20.4	1265		neck and the respiratory diaphragm
Situatio	CR204	1367	Subluxation Level	
				e specific level of subluxation
			Required if addition subluxation from C	al subluxation is involved in claim to indicate a range (i.e., R203 to CR204).
			ALIAS: Subluxation	n Level Code
			NSF Reference: GC	CO-08.0
			INDUSTRY: Sublu	xation Level Code
			C1	Cervical 1
				Adjustment of the first neck vertebrae
			C2	Cervical 2
				Adjustment of the second neck vertebrae
			C3	Cervical 3
				Adjustment of the third neck vertebrae
			C4	Cervical 4
				Adjustment of the fourth neck vertebrae
			C5	Cervical 5
				Adjustment of the fifth neck vertebrae
			C6	Cervical 6
				Adjustment of the sixth neck vertebrae
			C7	Cervical 7
				Adjustment of the seventh neck vertebrae
			CO	Coccyx
				Adjustment of the caudal extremity of the vertebrae
			IL	Ilium
				Adjustment of the expansive superior portion of the hip
				bone
			L1	Lumbar 1
				Adjustment of the first vertebrae between the thorax and
			1.0	the pelvis
			L2	Lumbar 2
				Adjustment of the second vertebrae between the thorax

L3

and the pelvis

Adjustment of the third vertebrae between the thorax and

Lumbar 3

the pelvis

	L5	Adjustment of the fourth vertebrae between the thorax and the pelvis Lumbar 5
		Adjustment to the fifth vertebrae between the thorax and the pelvis
	OC	Occiput  Adjustment of the back part of the neck
	SA	Sacrum
	T1	Adjustment of the triangular bone just below the lumbar vertebrae Thoracic 1
	T10	Adjustment of the first vertebrae located between the neck and the respiratory diaphragm Thoracic 10
	110	Adjustment of the tenth vertebrae located between the neck and the respiratory diaphragm
	T11	Thoracic 11
	T12	Adjustment of the eleventh vertebrae located between the neck and the respiratory diaphragm Thoracic 12
	T2	Adjustment of the twelfth vertebrae located between the neck and the respiratory diaphragm Thoracic 2
	Т3	Adjustment of the second vertebrae located between the neck and the respiratory diaphragm Thoracic 3
	T4	Adjustment of the third vertebrae located between the neck and the respiratory diaphragm Thoracic 4
	T5	Adjustment of the fourth vertebrae located between the neck and the respiratory diaphragm Thoracic 5
	T6	Adjustment of the fifth vertebrae located between the neck and the respiratory diaphragm Thoracic 6
		Adjustment of the sixth vertebrae located between the neck and the respiratory diaphragm
	T7	Thoracic 7 Adjustment of the seventh vertebrae located between the neck and the respiratory diaphragm
	Т8	Thoracic 8
	Т9	Adjustment of the eighth vertebrae located between the neck and the respiratory diaphragm Thoracic 9
		Adjustment of the ninth vertebrae located between the neck and the respiratory diaphragm
Required CR205 355	Unit or Basis for	Measurement Code X ID 2/2
		ne units in which a value is being expressed, or manner in
		nent has been taken or Basis for Measurement Code
	DA	Days
	MO	Months
	WK	Week
	YR	Years
<b>Required CR206 380</b> P837V401 (004010X098)	Quantity	<b>X R</b> 1/15 469 August 8, 2001

L4

Lumbar 4

Numeric value of quantity

ALIAS: Treatment Series Period. Spinal Manipulation

NSF Reference: GC0-09.0

INDUSTRY: Treatment Period Count

Required CR207 380 Quantity O R 1/15

Numeric value of quantity

ALIAS: Treatment Number in Month. Spinal Manipulation

NSF Reference: GC0-10.0

**INDUSTRY: Monthly Treatment Count** 

Required CR208 1342 Nature of Condition Code O ID 1/1

Code indicating the nature of a patient's condition

ALIAS: Nature of Condition Code. Spinal Manipulation

NSF Reference: GC0-11.0

INDUSTRY: Patient Condition Code

A Acute Condition

A disease of rapid onset, severe symptoms, and brief

duration

C Chronic Condition

A disease of long duration involving very slow changes; such a disease is often of gradual onset; the term does not

imply anything about the severity of the disease

D Non-acute

E Non-Life Threatening

F Routine
G Symptomatic

M Acute Manifestation of a Chronic Condition

A disease of long duration interrupted by a rapid onset of

severe symptoms of brief duration

Required CR209 1073 Yes/No Condition or Response Code O ID 1/1

Code indicating a Yes or No condition or response

ALIAS: Complication Indicator. Spinal Manipulation

NSF Reference: GC0-13.0

**INDUSTRY: Complication Indicator** 

N No Y Yes

Situatio CR210 352 Description O AN 1/80

A free-form description to clarify the related data elements and their content

Used at discretion of submitter.

ALIAS: Patient Condition Description. Spinal Manipulation

NSF Reference: GC0-14.0

INDUSTRY: Patient Condition Description

Situatio CR211 352 Description O AN 1/80

A free-form description to clarify the related data elements and their content

Used at discretion of submitter.

ALIAS: Patient Condition Description. Spinal Manipulation

NSF Reference: GC0-14.0

INDUSTRY: Patient Condition Description

Required CR212 1073 Yes/No Condition or Response Code O ID 1/1

Code indicating a Yes or No condition or response

ALIAS: X-ray Availability Indicator. Spinal Manipulation

NSF Reference: GC0-15.0

INDUSTRY: X-ray Availability Indicator

N No Y Yes

CRC Ambulance Certification **Segment:** 

**Position:** 220

2300 Loop: Optional (Must Use)

Level: Summary **Usage:** Optional Max Use:

**Purpose:** 

To supply information on conditions

**Syntax Notes:** 

**Semantic Notes:** CRC01 qualifies CRC03 through CRC07.

CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the

condition codes in CRC03 through CRC07 do not apply.

**Comments:** 

Ref.

Data

**Notes:** The CRC segment in Loop ID-2300 applies to the entire claim unless overridden by a

CRC segment at the service line level in Loop ID-2400 with the same value in CRC01.

Required on ambulance claims/encounters, i.e. when CR1 segment is used.

	Des.	Element	<u>Name</u>		Attr	<u>ibutes</u>
Required	CRC01	1136	Code Category			ID 2/2
_			Specifies the situation	on or category to which the code applies		
			INDUSTRY: Code			
			07	Ambulance Certification		
Required	CRC02	1073	Yes/No Condition of	or Response Code	M	<b>ID</b> 1/1
_				es or No condition or response		
			ALIAS: Certificatio	n Condition Code Applies Indicator		
			INDUSTRY: Certifi	cation Condition Indicator		
			N	No		
			Y	Yes		
Required	CRC03	1321	<b>Condition Indicato</b>		M	ID 2/2
			Code indicating a co			
			The codes for CRC0	33 also can be used for CRC04 through C	RC07	7.
			ALIAS: Condition I	ndicator		
			INDUSTRY: Condi	tion Code		
			01	Patient was admitted to a hospital		
				GA0-06.0		
			02	Patient was bed confined before the am	bulan	ce service
				GA0-08.0		
			03	Patient was bed confined after the ambu	ılance	eservice
				GA0-09.0		
			04	Patient was moved by stretcher		
				GA0-10.0		
			05	Patient was unconscious or in shock		
			0.5	GA0-11.0		
			06	Patient was transported in an emergency	/ situa	ation
			.=	GA0-12.0		
			07	Patient had to be physically restrained		
			00	GA0-13.0		
			08	Patient had visible hemorrhaging		

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				GA0-14.0
			09	Ambulance service was medically necessary GA0-16.0
			60	Transportation Was To the Nearest Facility GA0-24.0
Situatio	CRC04	1321	Condition Indicato	
Situatio	CRCUT	1321	Code indicating a co	
			_	al condition codes are needed.
			Use the codes listed	in CRC03.
			ALIAS: Condition I	ndicator
			INDUSTRY: Condi	tion Code
			01	Patient was admitted to a hospital
			02	Patient was bed confined before the ambulance service
			03	Patient was bed confined after the ambulance service
			04	Patient was moved by stretcher
			05	Patient was unconscious or in shock
			06	Patient was transported in an emergency situation
			07	Patient had to be physically restrained
			08	Patient had visible hemorrhaging
			09	Ambulance service was medically necessary
			60	Transportation Was To the Nearest Facility
Situatio	CRC05	1321	Condition Indicato	
			Code indicating a co	ondition
			=	al condition codes are needed.
			Use the codes listed	
			ALIAS: Condition I	ndicator
			INDUSTRY: Condi	tion Code
			01	Patient was admitted to a hospital
			02	Patient was bed confined before the ambulance service
			03	Patient was bed confined after the ambulance service
			04	Patient was moved by stretcher
			05	Patient was unconscious or in shock
			06	Patient was transported in an emergency situation
			07	Patient had to be physically restrained
			08	Patient had visible hemorrhaging
			09	Ambulance service was medically necessary
			60	Transportation Was To the Nearest Facility
Situatio	CRC06	1321	<b>Condition Indicato</b>	r O ID 2/2
			Code indicating a co	ondition
			Required if addition	al condition codes are needed.
			Use the codes listed	in CRC03.
			ALIAS: Condition I	ndicator
			INDUSTRY: Condi	tion Code
			01	Patient was admitted to a hospital
			02	Patient was bed confined before the ambulance service
D02511401 (00401077000)				

Situatio	CRC07	1321	<b>Condition Indicator</b>	O ID 2/2
			60	Transportation Was To the Nearest Facility
			09	Ambulance service was medically necessary
			08	Patient had visible hemorrhaging
			07	Patient had to be physically restrained
			06	Patient was transported in an emergency situation
			05	Patient was unconscious or in shock
			04	Patient was moved by stretcher
			03	Patient was bed confined after the ambulance service

Code indicating a condition

Required if additional condition codes are needed.

Use the codes listed in CRC03.

ALIAS: Condition Indicator

# INDUSTRY: Condition Code

01	Patient was admitted to a hospital
02	Patient was bed confined before the ambulance service
03	Patient was bed confined after the ambulance service
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
60	Transportation Was To the Nearest Facility

Segment: CRC Patient Condition Information: Vision Position: 220

Loop: 2300 Optional (Must Use)

Level: Summary Usage: Optional Max Use: 3

**Purpose:** To supply information on conditions

Syntax Notes:

**Semantic Notes:** 1 CRC01 qualifies CRC03 through CRC07.

2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the

condition codes in CRC03 through CRC07 do not apply.

**Comments:** 

**Notes:** Required on vision claims/encounters involving replacement lenses or frames.

	Ref.	Data	Data Eleme	ent Summary		
	Des.	Element	<u>Name</u>		Attı	<u>ributes</u>
Required	CRC01	1136	<b>Code Category</b>		$\mathbf{M}$	ID 2/2
			Specifies the situation	on or category to which the code applies		
			INDUSTRY: Code (	Category		
			E1	Spectacle Lenses		
			E2	Contact Lenses		
			E3	Spectacle Frames		
Required	CRC02	1073	Yes/No Condition of	or Response Code	$\mathbf{M}$	ID 1/1
			Code indicating a Ye	es or No condition or response		
			ALIAS: Certification	n Condition Code Applies Indicator		
			INDUSTRY: Certifi	cation Condition Indicator		
			N	No		
			Y	Yes		
Required	CRC03	1321	Condition Indicator	r	$\mathbf{M}$	ID 2/2
			Code indicating a co	ondition		
			ALIAS: Condition In	ndicator		
			INDUSTRY: Condit	tion Code		
			L1	General Standard of 20 Degree or .5 Die	opter	Sphere or
				Cylinder Change Met		
			L2	Replacement Due to Loss or Theft		
			L3	Replacement Due to Breakage or Damag	ge	
			L4	Replacement Due to Patient Preference		
			L5	Replacement Due to Medical Reason		
Situatio	CRC04	1321	Condition Indicator	r	O	ID 2/2
			Code indicating a co	ondition		
			Use codes listed in C	CRC03.		
			Required if additional	al condition codes are needed.		
			INDUSTRY: Condit	tion Code		
			L1	General Standard of 20 Degree or .5 Die Cylinder Change Met	opter	Sphere or
			L2	Replacement Due to Loss or Theft		
			L3	Replacement Due to Breakage or Damas	ge	
			L4	Replacement Due to Patient Preference		
			L5	Replacement Due to Medical Reason		

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Situatio	CRC05	1321	Condition Indicate	or	o	ID 2/2
			Code indicating a	condition		
			Use codes listed in			
			Required if additio	nal condition codes are needed.		
			INDUSTRY: Cond	lition Code		
			L1	General Standard of 20 Degree or .5 Diop Cylinder Change Met	oter	Sphere or
			L2	Replacement Due to Loss or Theft		
			L3	Replacement Due to Breakage or Damage	3	
			L4	Replacement Due to Patient Preference		
			L5	Replacement Due to Medical Reason		
Situatio	CRC06	1321	<b>Condition Indicate</b>	or	O	ID 2/2
			Code indicating a	condition		
			Use codes listed in	CRC03.		
			Required if additio	nal condition codes are needed.		
			INDUSTRY: Cond	lition Code		
			L1	General Standard of 20 Degree or .5 Diop	oter	Sphere or
				Cylinder Change Met		
			L2	Replacement Due to Loss or Theft		
			L3	Replacement Due to Breakage or Damage	3	
			L4	Replacement Due to Patient Preference		
			L5	Replacement Due to Medical Reason	_	
Situatio	CRC07	1321	Condition Indicate		O	ID 2/2
			Code indicating a c			
			Use codes listed in	CRC03.		
			Required if additio	nal condition codes are needed.		
			INDUSTRY: Cond	lition Code		
			L1	General Standard of 20 Degree or .5 Diop Cylinder Change Met	oter	Sphere or
			L2	Replacement Due to Loss or Theft		
			L3	Replacement Due to Breakage or Damage	9	

LI	General Standard of 20 Degree or .5 Diopter Sphere or
	Cylinder Change Met
L2	Replacement Due to Loss or Theft
L3	Replacement Due to Breakage or Damage
L4	Replacement Due to Patient Preference
L5	Replacement Due to Medical Reason

Segment: CRC Homebound Indicator

Position: 220

**Loop:** 2300 Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To supply inform

Syntax Notes:

To supply information on conditions

**Semantic Notes:** 1 CRC01 qualifies CRC03 through CRC07.

2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the

condition codes in CRC03 through CRC07 do not apply.

**Comments:** 

**Notes:** Required for Medicare claims/encounters when an independent laboratory renders an

EKG tracing or obtains a specimen from a homebound or institutionalized patient.

	Ref.	Data			
	Des.	<u>Element</u>	<u>Name</u>	Attr	<u>ibutes</u>
Required	CRC01	1136	Code Category	M	ID 2/2
			Specifies the situation or category to which the code applies		
			INDUSTRY: Code Category		
			75 Functional Limitations		
Required	CRC02	1073	Yes/No Condition or Response Code	$\mathbf{M}$	<b>ID</b> 1/1
			Code indicating a Yes or No condition or response		
			INDUSTRY: Certification Condition Indicator		
			Y Yes		
Required	CRC03	1321	Condition Indicator	$\mathbf{M}$	ID 2/2
			Code indicating a condition		
			INDUSTRY: Homebound Indicator		
			IH Independent at Home		
			EA0-50.0		
Not Used	CRC04	1321	Condition Indicator	O	ID 2/2
			Code indicating a condition		
Not Used	CRC05	1321	Condition Indicator	O	ID 2/2
			Code indicating a condition		
Not Used	CRC06	1321	Condition Indicator	O	ID 2/2
			Code indicating a condition		
Not Used	CRC07	1321	Condition Indicator	O	ID 2/2
			Code indicating a condition		

Segment: Health Care Diagnosis Code

Position: 231

**Loop:** 2300 Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To supply information related to the delivery of health care

**Syntax Notes:** 1 If either C02203 or C02204 is present, then the other is required.

- **2** If either C02203 or C02204 is present, then the other is required.
- 3 If either C02203 or C02204 is present, then the other is required.
- 4 If either C02203 or C02204 is present, then the other is required.
- 5 If either C02203 or C02204 is present, then the other is required.
- 6 If either C02203 or C02204 is present, then the other is required.
- 7 If either C02203 or C02204 is present, then the other is required.
- 8 If either C02203 or C02204 is present, then the other is required.
- 9 If either C02203 or C02204 is present, then the other is required.
- 10 If either C02203 or C02204 is present, then the other is required.
- 11 If either C02203 or C02204 is present, then the other is required.
- 12 If either C02203 or C02204 is present, then the other is required.

Semantic Notes: Comments:

**Notes:** Required on all claims/encounters except claims for which there are no diagnoses (e.g.,

taxi claims).

Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.

	Ref.	Data	Data Element Summary				
	Des.	Element	Name	Attr	ributes		
Required	HI01	C022	Health Care Code Information	M			
			To send health care codes and their associated dates, amounts	quantities			
			With a few exceptions, it is not recommended to put E codes may be put in any other HI element using BF as the qualifier.		I01. E codes		
			The diagnosis listed in this element is assumed to be the principal to be the principa	cipal	diagnosis.		
			ALIAS: Principal Diagnosis				
Required	C02201	1270	Code List Qualifier Code	M	ID 1/3		
			Code identifying a specific industry code list				
			INDUSTRY: Diagnosis Type Code				
			BK Principal Diagnosis				
			ICD-9 Codes				
Required	C02202	1271	Industry Code	M	AN 1/30		
			Code indicating a code from a specific industry code list				
			NSF Reference: EA0-32.0, GX0-31.0, GU0-12.0				
			INDUSTRY: Diagnosis Code				
Not Used	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3		
			Code indicating the date format, time format, or date and time	e forr	nat		
Not Used	C02204	1251	Date Time Period	X	AN 1/35		
			Expression of a date, a time, or range of dates, times or dates	and t	times		
Not Used	C02205	782	Monetary Amount	O	R 1/18		
			Monetary amount				
Not Used	C02206	380	Quantity	O	R 1/15		
			Numeric value of quantity				
Not Used	C02207	799	Version Identifier	O	AN 1/30		
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Situatio	HI02	C022	Revision level of a particular format, program, technique or algorithm  Health Care Code Information  To send health care codes and their associated dates, amounts and quantities Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01 and C022-03.  Required if needed to report an additional diagnoses and if the preceeding HI			
			data elements have been used to report other diagnoses.			
Required	C02201	1270	ALIAS: Diagnosis  Code List Qualifier Code  Code identifying a specific industry code list  INDUSTRY: Diagnosis Type Code  BF Diagnosis  ICD-9 Codes	M	ID 1/3	
Required	C02202	1271	Industry Code Code indicating a code from a specific industry code list NSF Reference: EA0-33.0, GX0-32.0, GU0-13.0	M	AN 1/30	
Not Used	C02203	1250	INDUSTRY: Diagnosis Code  Date Time Period Format Qualifier  Code in direction the data format time format and	X	ID 2/3	
Not Used	C02204	1251	Code indicating the date format, time format, or date and time <b>Date Time Period</b>	ie iori <b>X</b>	nat AN 1/35	
			Expression of a date, a time, or range of dates, times or dates	s and t	times	
Not Used	C02205	782	Monetary Amount	0	R 1/18	
Not Used	C02206	380	Monetary amount <b>Quantity</b>	0	R 1/15	
Not Ilead	C02207	700	Numeric value of quantity  Version Identifier	•	A NI 1/20	
Not Used	C02207	799	Revision level of a particular format, program, technique or	O algori	AN 1/30	
Situatio	HI03	C022	Health Care Code Information	0		
			To send health care codes and their associated dates, amount		-	
			Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-0	1 and	C022-03.	
			Required if needed to report an additional diagnoses and if the data elements have been used to report other diagnoses.	he pre	eceeding HI	
Required	C02201	1270	ALIAS: Diagnosis  Code List Qualifier Code  Code identifying a specific industry code list  INDUSTRY: Diagnosis Type Code  BF Diagnosis  ICD-9 Codes	M	ID 1/3	
Required	C02202	1271	Industry Code Code indicating a code from a specific industry code list NSF Reference: EA0-34.0, GX0-33.0, GU0-14.0	M	AN 1/30	
Not Used	C02203	1250	INDUSTRY: Diagnosis Code  Date Time Period Format Qualifier  Code indicating the date format, time format, or date and time	X ne forr	ID 2/3	
Not Used	C02204	1251	Date Time Period	X	AN 1/35	
Not Used	C02205	782	Expression of a date, a time, or range of dates, times or dates  Monetary Amount  Monetary amount	s and t	times R 1/18	

DRAFT <b>Not Used</b>	C02206	380	Quantity	0	R 1/15
Not Oseu	C02200	360	Numeric value of quantity	U	K 1/13
Not Used	C02207	799	Version Identifier	O	AN 1/30
110t Obcu	C02207	1,,,	Revision level of a particular format, program, technique or	_	
Situatio	HI04	C022	Health Care Code Information	0	
Situatio	11101	C022	To send health care codes and their associated dates, amount	_	quantities
			Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-0		•
			Required if needed to report an additional diagnoses and if the data elements have been used to report other diagnoses.	ie pre	eceeding HI
			ALIAS: Diagnosis		
Required	C02201	1270	Code List Qualifier Code	$\mathbf{M}$	ID 1/3
			Code identifying a specific industry code list		
			INDUSTRY: Diagnosis Type Code		
			BF Diagnosis		
			ICD-9 Codes		
Required	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list		
			NSF Reference: EA0-35.0, GX0-34.0, GU0-15.0		
			INDUSTRY: Diagnosis Code		
Not Used	C02203	1250	Date Time Period Format Qualifier	$\mathbf{X}$	ID 2/3
			Code indicating the date format, time format, or date and tim	e fori	nat
Not Used	C02204	1251	Date Time Period	$\mathbf{X}$	AN 1/35
			Expression of a date, a time, or range of dates, times or dates	and	times
Not Used	C02205	782	Monetary Amount	O	R 1/18
			Monetary amount		
Not Used	C02206	380	Quantity	O	R 1/15
			Numeric value of quantity		
Not Used	C02207	799	Version Identifier	O	AN 1/30
			Revision level of a particular format, program, technique or	_	ithm
Situatio	HI05	C022	Health Care Code Information	0	
			To send health care codes and their associated dates, amount		•
			Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-0	1 and	C022-03.
			Required if needed to report an additional diagnoses and if the data elements have been used to report other diagnoses.	ie pre	eceeding HI
			ALLAG D		
Required	C02201	1270	ALIAS: Diagnosis Code List Qualifier Code	M	ID 1/3
Required	C02201	1270	Code identifying a specific industry code list	141	10 1/3
			INDUSTRY: Diagnosis Type Code		
			BF Diagnosis		
			ICD-9 Codes		
Required	C02202	1271	Industry Code	M	AN 1/30
- 1	<b></b>	<del>-</del>	Code indicating a code from a specific industry code list		•
			INDUSTRY: Diagnosis Code		
Not Used	C02203	1250	Date Time Period Format Qualifier	$\mathbf{X}$	ID 2/3
			Code indicating the date format, time format, or date and tim	e fori	nat
Not Used	C02204	1251	Date Time Period	$\mathbf{X}$	AN 1/35
			Expression of a date, a time, or range of dates, times or dates	and	times
Not Used	C02205	782	Monetary Amount	O	R 1/18
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DKAIT			Monetary amount		
Not Used	C02206	380	Quantity	o	R 1/15
- 100			Numeric value of quantity		
Not Used	C02207	799	Version Identifier	O	AN 1/30
			Revision level of a particular format, program, technique or	algori	ithm
Situatio	HI06	C022	<b>Health Care Code Information</b>	O	
			To send health care codes and their associated dates, amount	s and	quantities
			Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-0	1 and	C022-03.
			Required if needed to report an additional diagnoses and if the data elements have been used to report other diagnoses.	ne pre	ceeding HI
			ALIAS: Diagnosis		
Required	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
			INDUSTRY: Diagnosis Type Code		
			BF Diagnosis		
Required	C02202	1271	ICD-9 Codes	M	AN 1/30
Kequireu	C02202	12/1	Industry Code Code indicating a code from a specific industry code list	IVI	AN 1/30
			INDUSTRY: Diagnosis Code		
Not Used	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
1100 0500	002200	1200	Code indicating the date format, time format, or date and tim		
Not Used	C02204	1251	Date Time Period	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates	and	times
Not Used	C02205	782	Monetary Amount	O	R 1/18
			Monetary amount		
Not Used	C02206	380	Quantity	O	R 1/15
			Numeric value of quantity		
Not Used	C02207	799	Version Identifier	O	AN 1/30
<b>G</b> 1		G0.00	Revision level of a particular format, program, technique or	_	ithm
Situatio	HI07	C022	Health Care Code Information	0	
			To send health care codes and their associated dates, amounts		_
			Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-0	1 and	C022-03.
			Required if needed to report an additional diagnoses and if the data elements have been used to report other diagnoses.	ne pre	eceeding HI
_			ALIAS: Diagnosis		
Required	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
			INDUSTRY: Diagnosis Type Code		
	G0.000	4.0-4	BF Diagnosis ICD-9 Codes		. 27 4 (20
Required	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list		
Not Used	C02203	1250	INDUSTRY: Diagnosis Code  Date Time Period Format Qualifier	X	ID 2/3
noi Oseu	CU44U3	1430	Code indicating the date format, time format, or date and tim		
Not Used	C02204	1251	Date Time Period	X	AN 1/35
	·		Expression of a date, a time, or range of dates, times or dates		
Not Used	C02205	782	Monetary Amount	0	R 1/18
			•		

			Monetary amount		
Not Used	C02206	380	Quantity	O	R 1/15
			Numeric value of quantity		
Not Used	C02207	799	Version Identifier	O	AN 1/30
			Revision level of a particular format, program, technique or a	lgori	ithm
Situatio	HI08	C022	<b>Health Care Code Information</b>	0	
			To send health care codes and their associated dates, amounts	and	quantities
			Refer to HI01-1(C022-01) and HI01-3(C022-03) for C022-01	l and	C022-03.
			Required if needed to report an additional diagnoses and if the data elements have been used to report other diagnoses.	e pre	eceeding HI
			ALIAS: Diagnosis		
Required	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
			INDUSTRY: Diagnosis Type Code		
			BF Diagnosis		
Dogwinod	C02202	1071	ICD-9 Codes	м	AN 1/20
Required	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M	AN 1/30
			INDUSTRY: Diagnosis Code		
Not Used	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
riot escu	C02203	1200	Code indicating the date format, time format, or date and time		
Not Used	C02204	1251	Date Time Period	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates	and	
Not Used	C02205	782	Monetary Amount	0	R 1/18
			Monetary amount		
Not Used	C02206	380	Quantity	0	R 1/15
			Numeric value of quantity		
Not Used	C02207	799	Version Identifier	0	AN 1/30
			Revision level of a particular format, program, technique or a	lgori	ithm
Not Used	HI09	C022	Health Care Code Information	0	
			To send health care codes and their associated dates, amounts		-
Not Used	C02201	1270	Code List Qualifier Code	M	ID 1/3
N. 4 II I	C02202	1051	Code identifying a specific industry code list	3.4	A NI 1/20
Not Used	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M	AN 1/30
Not Used	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
110t Obcu	C02203	1200	Code indicating the date format, time format, or date and time		
Not Used	C02204	1251	Date Time Period	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates	and	
Not Used	C02205	782	Monetary Amount	0	R 1/18
			Monetary amount		
Not Used	C02206	380	Quantity	0	R 1/15
			Numeric value of quantity		
Not Used	C02207	799	Version Identifier	0	AN 1/30
			Revision level of a particular format, program, technique or a	lgori	ithm
Not Used	HI10	C022	Health Care Code Information	0	
			To send health care codes and their associated dates, amounts		-
Not Used	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		

DRAFT					
Not Used	C02202	1271	Industry Code	$\mathbf{M}$	AN 1/30
			Code indicating a code from a specific industry code list		
Not Used	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Code indicating the date format, time format, or date and time	e forr	nat
Not Used	C02204	1251	Date Time Period	$\mathbf{X}$	AN 1/35
			Expression of a date, a time, or range of dates, times or dates	and t	times
Not Used	C02205	782	Monetary Amount	O	R 1/18
			Monetary amount		
Not Used	C02206	380	Quantity	O	R 1/15
			Numeric value of quantity		
Not Used	C02207	<b>799</b>	Version Identifier	O	AN 1/30
			Revision level of a particular format, program, technique or a	algori	thm
Not Used	HI11	C022	Health Care Code Information	O	
			To send health care codes and their associated dates, amounts	s and	quantities
Not Used	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
Not Used	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list		
Not Used	C02203	1250	Date Time Period Format Qualifier	$\mathbf{X}$	ID 2/3
			Code indicating the date format, time format, or date and time	e forr	nat
Not Used	C02204	1251	Date Time Period	$\mathbf{X}$	AN 1/35
			Expression of a date, a time, or range of dates, times or dates	and t	times
Not Used	C02205	782	Monetary Amount	O	R 1/18
			Monetary amount		
Not Used	C02206	380	Quantity	O	R 1/15
			Numeric value of quantity		
Not Used	C02207	799	Version Identifier	O	AN 1/30
			Revision level of a particular format, program, technique or a	algori	thm
Not Used	HI12	C022	Health Care Code Information	O	
			To send health care codes and their associated dates, amounts	s and	quantities
Not Used	C02201	1270	Code List Qualifier Code	$\mathbf{M}$	ID 1/3
			Code identifying a specific industry code list		
Not Used	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list		
Not Used	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Code indicating the date format, time format, or date and time		
Not Used	C02204	1251	Date Time Period	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates		
Not Used	C02205	782	Monetary Amount	O	R 1/18
			Monetary amount	_	
Not Used	C02206	380	Quantity	O	R 1/15
	~~~		Numeric value of quantity	_	
Not Used	C02207	799	Version Identifier	0	AN 1/30
			Revision level of a particular format, program, technique or a	algori	thm

Segment:	HCP	Claim Pricing/Repricing Information

Position: 241

**Loop:** 2300 Optional (Must Use)

Level: Summary
Usage: Optional

Max Use: 1

**Purpose:** To specify pricing or repricing information about a health care claim or line item

**Syntax Notes:** 1 At least one of HCP01 or HCP13 is required.

If either HCP09 or HCP10 is present, then the other is required.

3 If either HCP11 or HCP12 is present, then the other is required.

**Semantic Notes:** 1 HCP02 is the allowed amount.

2 HCP03 is the savings amount.

3 HCP04 is the repricing organization identification number.

4 HCP05 is the pricing rate associated with per diem or flat rate repricing.

5 HCP06 is the approved DRG code.

**6** HCP07 is the approved DRG amount.

HCP08 is the approved revenue code.

**8** HCP10 is the approved procedure code.

**9** HCP12 is the approved service units or inpatient days.

**10** HCP13 is the rejection message returned from the third party organization.

11 HCP15 is the exception reason generated by a third party organization.

Comments: 1 HCP06, HCP07, HCP08, HCP10, and HCP12 are fields that will contain different

values from the original submitted values.

**Notes:** Used only by repricers as needed. This information is specific to the destination payer

reported in the 2010BB loop.

For capitated encounters, pricing or repricing information usually is not applicable and is provided to qualify other information within the claim.

#### **Data Element Summary**

	Ref.	Data		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attributes</u>
Required	HCP01	1473	Pricing Methodology	X ID 2/2

Code specifying pricing methodology at which the claim or line item has been priced or repriced

Trading partners need to agree on the codes to use in this element. There do not appear to be standard definitions for the code elements.

ALIAS: Pricing/repricing methodology

#### **INDUSTRY: Pricing Methodology**

00	Zero Pricing (Not Covered Under Contract)
01	Priced as Billed at 100%
02	Priced at the Standard Fee Schedule
03	Priced at a Contractual Percentage
04	Bundled Pricing
05	Peer Review Pricing
07	Flat Rate Pricing
08	Combination Pricing
09	Maternity Pricing
10	Other Pricing
11	Lower of Cost
12	Ratio of Cost
13	Cost Reimbursed
14	Adjustment Pricing

Required HCP02 782 Monetary Amount

Monetary an	nount	
-------------	-------	--

Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

ALIAS: Allowed amount, Pricing

INDUSTRY: Repriced Allowed Amount

#### Situatio HCP03 782 Monetary Amount

O R 1/18

Monetary amount

Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

**ALIAS: Savings amount, Pricing** 

INDUSTRY: Repriced Saving Amount

## Situatio HCP04 127 Reference Identification

O AN 1/30

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

ALIAS: Repricing Organization Identifier

INDUSTRY: Repricing Organization Identifier

#### Situatio HCP05 118 Rate

O R 1/9

Rate expressed in the standard monetary denomination for the currency specified

Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

ALIAS: Pricing rate

INDUSTRY: Repricing Per Diem or Flat Rate Amount

#### Situatio HCP06 127 Reference Identification

O AN 1/30

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

ALIAS: Approved APG code, Pricing

INDUSTRY: Repriced Approved Ambulatory Patient Group Code

# Situatio HCP07 782 Monetary Amount

O R 1/18

Monetary amount

Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

ALIAS: Approved APG amount, Pricing

INDUSTRY: Repriced Approved Ambulatory Patient Group Amount

Not Used HCP08 234 Product/Service ID O AN 1/48

Identifying number for a product or service

Not Used HCP09 235 Product/Service ID Qualifier X ID 2/2

Code identifying the type/source of the descriptive number used in Product/Service ID (234)

Not Used HCP10 234 Product/Service ID X AN 1/48

Identifying number for a product or service

Not Used HCP11 355 Unit or Basis for Measurement Code X ID 2/2

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DRAFT				e units in which a value is being expressed	1, or	manner in
NI.4 TI I	HCD14	200	which a measurem	ent has been taken	<b>T</b> 7	D 1/15
Not Used	HCP12	380	Quantity		X	R 1/15
<b>G</b> 1	TT 0704.0	004	Numeric value of c	•		TD 0/0
Situatio	HCP13	901	Reject Reason Coo		X	ID 2/2
				ssuer to identify reason for rejection		
				cers as needed. This information is specific eported in the 2010BB loop.	c to t	ne
			ALIAS: Reject rea	son code		
			INDUSTRY: Rejec	et Reason Code		
			T1	Cannot Identify Provider as TPO (Third	l Part	y
			T2	Organization) Participant Cannot Identify Payer as TPO (Third Pa Participant	arty C	Organization)
			Т3	Cannot Identify Insured as TPO (Third	Party	
				Organization) Participant		
			T4	Payer Name or Identifier Missing		
			T5	Certification Information Missing		
<b>G1</b> 4	TT CID 4 4	1506	T6	Claim does not contain enough informa		
Situatio	HCP14	1526	Policy Compliance		О	ID 1/2
			Code specifying po	• •		
				cers as needed. This information is specific eported in the 2010BB loop.	c to t	ne
			ALIAS: Policy cor	npliance code		
			INDUSTRY: Police	y Compliance Code		
			1	Procedure Followed (Compliance)		
			2	Not Followed - Call Not Made (Non-Co Not Made)	mpli	ance Call
			3	Not Medically Necessary (Non-Compli Medically Necessary)	ance l	Non-
			4	Not Followed Other (Non-Compliance	Other	•)
			5	Emergency Admit to Non-Network Hos	spital	
Situatio	HCP15	1527	<b>Exception Code</b>		O	ID 1/2
				e exception reason for consideration of ou	ıt-of-ı	network
			health care services	cers as needed. This information is specifi	c to t	he
				eported in the 2010BB loop.	c to t	пс
			ALIAS: Exception	code		
			INDUSTRY: Exce		.,	
			1	Non-Network Professional Provider in	Netw	ork Hospital
			2	Emergency Care		
			3	Services or Specialist not in Network		
			4	Out-of-Service Area		
			5	State Mandates		
			6	Other		

Segment:  ${\bf CR7}$  Home Health Care Plan Information

**Position:** 242

Loop: 2305 Optional

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To supply information related to the home health care plan of treatment and services

**Syntax Notes:** 

**Semantic Notes:** 1 CR702 is the total visits on this bill rendered prior to the recertification "to" date.

2 CR703 is the total visits projected during this certification period.

**Comments:** 

Notes: Required on home health claims/encounters that involve billing/reporting home health

visits.

**Data Element Summary** 

	Ref.	Data		•		
	Des.	<b>Element</b>	<u>Name</u>		Attı	<u>ributes</u>
Required	CR701	921	Discipline Type C	Code	M	ID 2/2
			Code indicating di	sciplines ordered by a physician		
			ALIAS: Discipline	type code		
			INDUSTRY: Disc	ipline Type Code		
			AI	Home Health Aide		
			MS	Medical Social Worker		
			OT	Occupational Therapy		
			PT	Physical Therapy		
			SN	Skilled Nursing		
			ST	Speech Therapy		
Required	CR702	1470	Number		M	N0 1/9
			A generic number			
			ALIAS: Total visit	es rendered, home health		
			INDUSTRY: Total	Visits Rendered Count		
Required	CR703	1470	Number		M	N0 1/9
			A generic number			

ALIAS: Total visits projected, home health

INDUSTRY: Certification Period Projected Visit Count

Segment: **HSD** Health Care Services Delivery

**Position:** 243

Loop: 2305 Optional

Level: Summary Usage: Optional Max Use: 3

**Purpose:** To specify the delivery pattern of health care services

**Syntax Notes:** 1 If either HSD01 or HSD02 is present, then the other is required.

2 If HSD06 is present, then HSD05 is required.

**Semantic Notes: Comments:** 

**Notes:** Required on claims/encounters billing/reporting home health visits where further detail is necessary to clearly substantiate medical treatment.

The HSD segment is used to specify the delivery pattern of the health care services. This is how it is used: HSD01 qualifies HSD02: If the value in HSD02=1 and the value in HSD01=VS (Visits), this means "one visit". Between HSD02 and HSD03 verbally insert a "per every." HSD03 qualifies HSD04: If the value in HSD04=3 and the value in HSD03=DA (Day), this means "three days." Between HSD04 and HSD05 verbally insert a "for." HSD05 qualifies HSD06: If the value in HSD06=21 and the value in HSD05=7 (Days), this means "21 days." The total message reads:

HSD\*VS\*1\*DA\*3\*7\*21~

= "One visit per every three days for 21 days."

Another similar data string of HSD\*VS\*2\*DA\*4\*7\*20~

= Two visits per every four days for 20 days.

An alternate way to use HSD is to employ HSD07 and/or HSD08. A data string of HSD\*VS\*1\*\*\*\*\*SX\*D~

means "1 visit on Wednesday and Thursday morning."

			Data Elen	nent Summary		
Situatio	Ref. <u>Des.</u> HSD01	Data Element 673	Name Quantity Qualifie	r	Attı X	ributes ID 2/2
			Code specifying th			
				er/prescription for the service contains the	doto	
			Required if the ord	er/prescription for the service contains the	uata.	
			INDUSTRY: Visit			
			VS	Visits		
Situatio	HSD02	380	Quantity		X	R 1/15
			Numeric value of o	<sub>l</sub> uantity		
			Required if the ord	er/prescription for the service contains the	data.	
			INDUSTRY: Num		_	
Situatio	HSD03	355	Unit or Basis for I	Measurement Code	О	ID 2/2
			1	e units in which a value is being expresse	d, or i	manner in
			which a measurem			
			Required if the ord	er/prescription for the service contains the	data.	
			ALIAS: Modulus,	Unit		
			INDUSTRY: Frequ	iency Period		
			DA	Days		
			MO	Months		
				Month		
			Q1	Quarter (Time)		
			WK	Week		
G*4 4*	TTCD 0.4	11.			0	D 416
Situatio	HSD04	1167	Sample Selection	Modulus	$\mathbf{o}$	R 1/6

To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes

X ID 1/2

Required if the order/prescription for the service contains the data.

ALIAS: Modulus, Amount

**INDUSTRY:** Frequency Count

Situatio HSD05 615 **Time Period Qualifier** 

Code defining periods

Required if the order/prescription for the service contains the data.

INDUSTRY: Duration of Visits Units

7 Day 35 Week

Situatio HSD06 **Number of Periods** 616 O N0 1/3

Total number of periods

Required if the order/prescription for the service contains the data.

INDUSTRY: Duration of Visits, Number of Units

Situatio HSD07 678 Ship/Delivery or Calendar Pattern Code O ID 1/2

> Code which specifies the routine shipments, deliveries, or calendar pattern Required if the order/prescription for the service contains the data.

ALIAS: Pattern Code

D

INDUSTRY: Ship, Delivery or Calendar Pattern Code

1st Week of the Month 2 2nd Week of the Month 3 3rd Week of the Month 4 4th Week of the Month 5 5th Week of the Month 6 1st & 3rd Weeks of the Month 7 2nd & 4th Weeks of the Month

A Monday through Friday В Monday through Saturday C Monday through Sunday

Monday

Е Tuesday F Wednesday G Thursday Η Friday J Saturday K Sunday

L Monday through Thursday

N As Directed

O Daily Mon. through Fri.

S Once Anytime Mon. through Fri.

SA Sunday, Monday, Thursday, Friday, Saturday

SB Tuesday through Saturday

SC Sunday, Wednesday, Thursday, Friday, Saturday SD Monday, Wednesday, Thursday, Friday, Saturday

SG Tuesday through Friday

SL Monday, Tuesday and Thursday

			SP	Monday, Tuesday and Friday		
			SX	Wednesday and Thursday		
			SY	Monday, Wednesday and Thursday		
			SZ	Tuesday, Thursday and Friday		
			W	Whenever Necessary		
Situatio	HSD08	679	Ship/Deliver	ry Pattern Time Code	O	ID 1/1
			Code which specifies the time for routine shipments or deliveries			

Code which specifies the time for routine shipments or deliveries Required if the order/prescription for the service contains the data.

ALIAS: Time Code

INDUSTRY: Delivery Pattern Time Code

D A.M. E P.M.

F As Directed

Segment: NM1 Referring Provider Name

**Position:** 250

**Notes:** 

Loop: 2310A Optional

Level: Summary
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.

When there is only one referral on the claim, use code "DN - Referring Provider". When more than one referral exists and there is a requirement to report the additional referral, use code DN in the first iteration of this loop to indicate the referral received by the rendering provider on this claim. Use code "P3 - Primary Care Provider" in the second iteration of the loop to indicate the initial referral from the primary care provider or whatever provider wrote the initial referral for this patient's episode of care being billed/reported in this transaction.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required if claim involved a referral.

When reporting the provider who ordered services such as diagnostic and lab utilize the 2310A loop at the claim level. For ordered services such as DMERC utilize the 2420E Loop at the line level.

			Data Lici	nent Summary		
	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>		Attr	<u>ibutes</u>
Required	NM101	98	<b>Entity Identifier (</b>	Code	M	ID 2/3
			Code identifying a individual	n organizational entity, a physical location	, prop	erty or an
			The entity identified	er in NM101 applies to all segments in this	Loop	D-2310.
			INDUSTRY: Entit	y Identifier Code		
			DN	Referring Provider		
				Use on first iteration of this loop. Use if	loop	is used only
			P3	once. Primary Care Provider		
				Physician that is selected by the insured medical care	to pr	ovide
				Use only if loop is used twice. Use only	On G	acond
				iteration of this loop.	OII S	cond
Required	NM102	1065	<b>Entity Type Qual</b>	-	M	ID 1/1
			Code qualifying th	e type of entity		
			INDUSTRY: Entit	y Type Qualifier		
			1	Person		
			2	Non-Person Entity		
Required	NM103	1035	Name Last or Org	ganization Name	O	AN 1/35
			Individual last nan	ne or organizational name		
			ALIAS: Referring	Provider Last Name		

NSF Reference: EA0-24.0

Situatio	NM104 NM105	1036 1037	INDUSTRY: Referring Provider Last Name Name First Individual first name Required if NM102=1 (person).  ALIAS: Referring Provider First Name NSF Reference: EA0-25.0 INDUSTRY: Referring Provider First Name Name Middle Individual middle name or initial Required if NM102=1 and the middle name/initial of the per ALIAS: Referring Provider Middle Name NSF Reference: EA0-26.0	O Son is	AN 1/25 AN 1/25 known.
Not Used	NM106	1038	INDUSTRY: Referring Provider Middle Name Name Prefix	o	AN 1/10
Situatio	NM107	1039	Prefix to individual name Name Suffix	0	A N 1/10
Situatio	NM107	1039	Suffix to individual name Required if known.  ALIAS: Referring Provider Generation	U	AN 1/10
Situatio	NM108	66	INDUSTRY: Referring Provider Name Suffix Identification Code Qualifier  Code designating the system/method of code structure used Code (67)  Required if Employer's Identification/Social Security number National Provider Identifier is known.		
Situatio	NM109	67	INDUSTRY: Identification Code Qualifier  24 Employer's Identification Number  34 Social Security Number  XX Health Care Financing Administration Identifier  Identification Code  Code identifying a party or other code  Required if Employer's Identification/Social Security number  National Provider Identifier is known.  ALIAS: Referring Provider Primary Identifier  NSF Reference: EA0-20.0	X	AN 2/80
Not Used	NM110	706	INDUSTRY: Referring Provider Identifier  Entity Relationship Code	X	ID 2/2
Not Used	NM111	98	Code describing entity relationship  Entity Identifier Code  Code identifying an organizational entity, a physical location individual	O n, prop	ID 2/3 perty or an

Segment:  ${\bf PRV}$  Referring Provider Specialty Information

**Position:** 255

Loop: 2310A Optional

Data

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To specify the identifying characteristics of a provider

Syntax Notes: Semantic Notes: Comments:

Ref.

**Notes:** The PRV segment in Loop ID-2310 applies to the entire claim unless overridden on the

service line level by the presence of a PRV segment with the same value in PRV01.

Required if required under provider-payer contract.

PRV02 qualifies PRV03.

	Des.	<u>Element</u>	<u>Name</u>	<u>Attr</u>	<u>ributes</u>
Required	PRV01	1221	Provider Code	M	ID 1/3
			Code identifying the type of provider		
			INDUSTRY: Provider Code		
			RF Referring		
Required	PRV02	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
			ZZ is used to indicate the "Health Care Provider Taxonomy"		
			(provider specialty code) which is available on the Washingt		_
			Company web site: http://www.wpc-edi.com. This taxonomy		
			the Blue Cross Blue Shield Association and ASC X12N TG2	2 WG	15.
			INDUSTRY: Reference Identification Qualifier		
			ZZ Mutually Defined		
			Health Care Provider Taxonomy Code	list	
Required	PRV03	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction	Set o	or as
			specified by the Reference Identification Qualifier		
			ALIAS: Provider Specialty Code		
			Provider Specialty Code		
			INDUSTRY: Provider Taxonomy Code		
Not Used	PRV04	156	State or Province Code	0	ID 2/2
1100 0500	110,01	100	Code (Standard State/Province) as defined by appropriate go	_	
Not Used	PRV05	C035	Provider Specialty Information	0	aciic ageire)
1100 0500	111,00	0000	To provide provider specialty information	Ü	
Not Used	C03501	1222	Provider Specialty Code	M	AN 1/3
			Code indicating the primary specialty of the provider, as defi	ined b	ov the
			receiver		•
Not Used	C03502	559	Agency Qualifier Code	O	ID 2/2
			Code identifying the agency assigning the code values		
Not Used	C03503	1073	Yes/No Condition or Response Code	O	ID 1/1
			Code indicating a Yes or No condition or response		
Not Used	PRV06	1223	Provider Organization Code	O	ID 3/3
			Code identifying the organizational structure of a provider		

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Segment: N2 Additional Referring Provider Name Information

**Position:** 260

Loop: 2310A Optional

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To specify additional names or those longer than 35 characters in length

Syntax Notes: Semantic Notes: Comments:

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-

1000A Submitter, NM1 and N2 for how to handle long names.

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Referring Provider Additional Name Information	Attr M	ributes AN 1/60
Not Used	N202	93	INDUSTRY: Referring Provider Name Additional Text Name Free-form name	o	AN 1/60

Segment:  ${f REF}$  Referring Provider Secondary Identification

**Position:** 271

Loop: 2310A Optional

Level: Summary Usage: Optional Max Use: 5

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

 $3\quad$  If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

**Notes:** 

1 REF04 contains data relating to the value cited in REF02.

Required if NM108/09 in this loop is not used or if a secondary number is necessary to identify the provider. Until the NPI is mandated for use, this REF may be required if necessary to adjudicate the claim.

			Data Elen	nent Summary		
	Ref.	Data				
	Des.	Element 120	Name			ibutes
Required	REF01	128	Reference Identif		M	ID 2/3
				e Reference Identification		
			INDUSTRY: Refe	rence Identification Qualifier		
			0B	State License Number		
			1B	Blue Shield Provider Number		
			1C	Medicare Provider Number		
			1D	Medicaid Provider Number		
			1G	Provider UPIN Number		
			1H	CHAMPUS Identification Number		
			EI	Employer's Identification Number		
			G2	Provider Commercial Number		
				A unique number assigned to a provide insurer	r by a	commercial
			LU	Location Number		
			N5	Provider Plan Network Identification N	lumbe	r
			SY	A number assigned to identify a specific health care plan network Social Security Number	ic prov	vider in a
			X5	The social security number may not be Medicare. State Industrial Accident Provider Num		or
Required	REF02	127	Reference Identif		X	AN 1/30
			Reference information specified by the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and the Reference information and t	tion as defined for a particular Transaction eference Identification Qualifier Provider Secondary IdentifiER	set o	
			INDUSTRY: Refe	rring Provider Secondary Identifier		
Not Used	REF03	352	Description		X	AN 1/80
			A free-form descri	ption to clarify the related data elements a	nd the	ir content
Not Used	REF04	C040	Reference Identif	ier	O	
** . ** *	004004	400	specified by the Re			
Not Used	C04001	128	Reference Identif	•	M	ID 2/3
			Code qualifying th	e Reference Identification		

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Not Used	C04002	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	on Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	on Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	on Set o	or as

Segment: NM1 Rendering Provider Name

**Position:** 250

Loop: 2310B Optional

Level: Summary
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

2 If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

**Notes:** Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required when the Rendering Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider NM1 in the 2010AA/AB loops respectively.

Used for all types of rendering providers including laboratories. The Rendering Provider is the person or company (laboratory or other facility) who rendered the care. In the case where a substitute provider (locum tenans) was used, that person should be entered here.

			Data Element Summary		
	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>	Attr	<u>ibutes</u>
Required	NM101	98	<b>Entity Identifier Code</b>	$\mathbf{M}$	ID 2/3
			Code identifying an organizational entity, a physical location,	prop	erty or an
			individual		
			The entity identifier in NM101 applies to all segments in this	Loop	D-2310.
			INDUSTRY: Entity Identifier Code		
			82 Rendering Provider		
Required	NM102	1065	<b>Entity Type Qualifier</b>	$\mathbf{M}$	<b>ID 1/1</b>
			Code qualifying the type of entity		
			INDUSTRY: Entity Type Qualifier		
			1 Person		
			2 Non-Person Entity		
Required	NM103	1035	Name Last or Organization Name	0	AN 1/35
			Individual last name or organizational name		
			ALIAS: Rendering Provider Last Name		
			NSF Reference: FB1-14.0		
			INDUSTRY: Rendering Provider Last or Organization Name		
Situatio	NM104	1036	Name First	O	AN 1/25
			Individual first name		
			Required if NM102=1 (person).		
			ALIAS: Rendering Provider First Name		
			NSF Reference: FB1-15.0		
			INDUSTRY: Rendering Provider First Name		

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Situatio	NM105	1037	Name Middle	0	AN 1/25
			Individual middle name or initial		
			Required if NM102=1 and the middle name/initial of the pers	on is	known.
			ALIAS: Rendering Provider Middle Name		
			NSF Reference: FB1-16.0		
Not Used	NM106	1038	INDUSTRY: Rendering Provider Middle Name Name Prefix	0	AN 1/10
Not Useu	INIVITUU	1030	Prefix to individual name	U	AN 1/10
Situatio	NM107	1039	Name Suffix	0	AN 1/10
Situatio	TVIII V	1037	Suffix to individual name	U	AI 1/10
			Required if known.		
			1		
			ALIAS: Rendering Provider Generation		
			INDUSTRY: Rendering Provider Name Suffix		
Required	NM108	66	Identification Code Qualifier	X	ID 1/2
			Code designating the system/method of code structure used for	or Ide	entification
			Code (67) FA0-57.0 crosswalk is only used in Medicare COB payer-to-	navei	claims
			1710 37.0 crosswant is only used in Medicale COB payor to	pujoi	Ciuling.
			NSF Reference: FA0-57.0		
			INDUSTRY: Identification Code Qualifier		
			Employer's Identification Number		
			34 Social Security Number		10 11
			XX Health Care Financing Administration N Identifier	latior	ial Provider
Required	NM109	67	<b>Identification Code</b>	X	AN 2/80
_			Code identifying a party or other code		
			FA0-58.0 crosswalk is only used in Medicare COB payer-to-	payeı	claims.
			ALIAS: Rendering Provider Primary Identifier		
			NSF Reference: FA0-23.0, FA0-58.0		
			INDUSTRY: Rendering Provider Identifier		
Not Used	NM110	706	Entity Relationship Code	X	ID 2/2
			Code describing entity relationship		
Not Used	NM111	98	<b>Entity Identifier Code</b>	0	ID 2/3
			Code identifying an organizational entity, a physical location, individual	prop	erty or an

Segment:  ${\bf PRV}$  Rendering Provider Specialty Information

**Position:** 255

Loop: 2310B Optional

**Level:** Summary

Usage: Optional (Must Use)

Max Use:

**Purpose:** To specify the identifying characteristics of a provider

Syntax Notes: Semantic Notes: Comments:

**Notes:** The PRV segment in Loop ID-2310 applies to the entire claim unless overridden on the

service line level by the presence of a PRV segment with the same value in PRV01.

PRV02 qualifies PRV03.

	Ref.	Data	Data Element Summary		
	Des.	Element	Name	Attı	<u>ibutes</u>
Required	PRV01	1221	Provider Code	M	ID 1/3
			Code identifying the type of provider		
			INDUSTRY: Provider Code		
			PE Performing		
Required	PRV02	128	Reference Identification Qualifier	$\mathbf{M}$	ID 2/3
			Code qualifying the Reference Identification		
			ZZ is used to indicate the "Health Care Provider Taxonomy"		
			(provider specialty code) which is available on the Washingt		
			Company web site: http://www.wpc-edi.com. This taxonomy the Blue Cross Blue Shield Association and ASC X12N TG2		
			the Blue Closs Blue Shield Association and ASC A121V 102	z wu	13.
			INDUSTRY: Reference Identification Qualifier		
			ZZ Mutually Defined		
			Health Care Provider Taxonomy Code	list	
Required	PRV03	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction	Set o	or as
			specified by the Reference Identification Qualifier		
			ALIAS: Provider Specialty Code		
			NSF Reference: FA0-37.0		
			INDUSTRY: Provider Taxonomy Code		
Not Used	PRV04	156	State or Province Code	O	ID 2/2
			Code (Standard State/Province) as defined by appropriate go	vernn	nent agency
Not Used	PRV05	C035	<b>Provider Specialty Information</b>	O	
			To provide provider specialty information		
Not Used	C03501	1222	Provider Specialty Code	M	AN 1/3
			Code indicating the primary specialty of the provider, as defi	ined t	y the
<b>N</b> 7	C02502	==0	receiver	•	TD 0/0
Not Used	C03502	559	Agency Qualifier Code	O	ID 2/2
NI	002502	10=3	Code identifying the agency assigning the code values	•	ID 1/1
Not Used	C03503	1073	Yes/No Condition or Response Code	О	ID 1/1
<b>N</b> T / <b>T</b> T - T	DDETA	4000	Code indicating a Yes or No condition or response	_	ID 2/2
Not Used	PRV06	1223	Provider Organization Code	О	ID 3/3
			Code identifying the organizational structure of a provider		

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N2 Additional Rendering Provider Name Information **Segment:** 

**Position:** 260

Loop: 2310B Optional

Level: Summary **Usage:** Optional Max Use:

To specify additional names or those longer than 35 characters in length **Purpose:** 

**Syntax Notes: Semantic Notes: Comments:** 

Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names. **Notes:** 

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Rendering Provider Additional Name Information	Attr M	ributes AN 1/60
Not Used	N202	93	INDUSTRY: Rendering Provider Name Additional Text Name Free-form name	0	AN 1/60

Segment:  ${f REF}$  Rendering Provider Secondary Identification

**Position:** 271

Loop: 2310B Optional

Level: Summary Usage: Optional Max Use: 5

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

**Notes:** 

1 REF04 contains data relating to the value cited in REF02.

Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.

		_	Data El	ement Summary		
	Ref. Des.	Data Element	Name		Attı	ributes
Required	REF01	128		tification Qualifier	M	ID 2/3
			Code qualifying	the Reference Identification		
			NSF Reference:	FA0-57.0		
			INDUSTRY: Re	ference Identification Qualifier		
			0B	State License Number		
			1B	Blue Shield Provider Number		
			1C	Medicare Provider Number		
			1D	Medicaid Provider Number		
			1G	Provider UPIN Number		
			1H	CHAMPUS Identification Number		
			EI	Employer's Identification Number		
			G2	Provider Commercial Number		
				A unique number assigned to a provid insurer	er by a	commercial
			LU	Location Number		
			N5	Provider Plan Network Identification	Numbe	er
				A number assigned to identify a speci health care plan network	fic pro	vider in a
			SY	Social Security Number		
				The social security number may not b Medicare.	e used	for
			X5	State Industrial Accident Provider Nu	mber	
Required	REF02	127	Reference Iden	tification	$\mathbf{X}$	AN 1/30
			Reference inform	nation as defined for a particular Transaction	n Set o	or as
				Reference Identification Qualifier		
			ALIAS: Renderi	ng Provider Secondary Identifier		
			NSF Reference:	FA0-58.0		
			INDUSTRY: Re	ndering Provider Secondary Identifier		
Not Used	REF03	352	Description	<i>3</i>	$\mathbf{X}$	AN 1/80
			-	cription to clarify the related data elements	and the	eir content
Not Used	REF04	C040	Reference Iden	tifier	O	
				or more reference numbers or identification Reference Qualifier	numb	ers as
Not Used	C04001	128		tification Qualifier	M	ID 2/3

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			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	on Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	on Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	on Set o	or as

Segment: NM1 Purchased Service Provider Name

Position: 250

Loop: 2310C Optional

Level: Summary
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

2 If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

**Notes:** Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required if purchased services are being billed/reported on this claim. Purchased services are situations where (for example) a physician purchases a diagnostic exam from an outside entity. Purchased services do not include substitute (locum tenens) provider situations. All payer-specific identifying numbers belong to the destination payer identified in the 2010BB loop.

Data Element Summary										
	Ref.	Data								
	Des.	<b>Element</b>	<u>Name</u>		<u>Attributes</u>					
Required	NM101	98	Entity Identifier Code		M	ID 2/3				
			Code identifying an organizational entity, a physical location, property or							
			individual							
			INDUSTRY: Entity Identifier Code							
			QB	Purchase Service Provider						
			Entity from which medical supplies may be bought							
Required	NM102	1065	<b>Entity Type Qual</b>	ifier	M	<b>ID</b> 1/1				
			Code qualifying the type of entity							
			INDUSTRY: Entity Type Qualifier							
			1	Person						
			2	Non-Person Entity						
Not Used	NM103	1035	Name Last or Org	•	O	AN 1/35				
			•	ne or organizational name						
Not Used	NM104	1036	Name First	Ç	O	AN 1/25				
			Individual first nar	me						
Not Used	NM105	1037	Name Middle		O	AN 1/25				
			Individual middle	name or initial						
Not Used	NM106	1038	Name Prefix		O	AN 1/10				
			Prefix to individua	ıl name						
Not Used	NM107	1039	Name Suffix		O	AN 1/10				
			Suffix to individua	ıl name						
Situatio	NM108	66	<b>Identification Cod</b>	de Qualifier	$\mathbf{X}$	ID 1/2				
			Code designating the system/method of code structure used for Identification Code (67)							
			Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.							
			INDUSTRY: Identification Code Qualifier							

			24	Employer's Identification Number				
			34	Social Security Number				
			XX	Health Care Financing Administration N Identifier	lation	nal Provider		
Situatio	NM109	67	<b>Identification Code</b>		$\mathbf{X}$	AN 2/80		
			Code identifying a p	a party or other code				
			Required if either Employer's Identification/Social Security Number National Provider Identifier is known.					
			ALIAS: Purchased	Service Provider Primary Identifier				
			NSF Reference: FB	0-11.0				
				ased Service Provider Identifier				
Not Used	NM110	706	Entity Relationship	Code	X	ID 2/2		
			Code describing ent	ity relationship				
Not Used	NM111	98	<b>Entity Identifier C</b>	ode	O	ID 2/3		
			Code identifying an individual	organizational entity, a physical location,	prop	erty or an		

Segment:  ${f REF}$  Purchased Service Provider Secondary Identification

**Position:** 271

Loop: 2310C Optional

Level: Summary Usage: Optional Max Use: 5

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

**Notes:** 

1 REF04 contains data relating to the value cited in REF02.

Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM108/9 in this loop.

			Data E	lement Summary		
Required	Ref. <u>Des</u> . REF01	Data Element 128	<u>Name</u>	ntification Qualifier	Att M	ributes ID 2/3
_			Code qualifying	g the Reference Identification		
				eference Identification Qualifier		
			0B	State License Number		
			1A	Blue Cross Provider Number		
			1B	Blue Shield Provider Number		
			1C	Medicare Provider Number		
			1D	Medicaid Provider Number		
			1G	Provider UPIN Number		
			1H	CHAMPUS Identification Number		
			EI	Employer's Identification Number		
			G2	Provider Commercial Number		
				A unique number assigned to a provide insurer	er by a	a commercial
			LU	Location Number		
			N5	Provider Plan Network Identification I	Vumbe	er
			SY	A number assigned to identify a specific health care plan network Social Security Number	ic pro	vider in a
			U3	The social security number may not be Medicare. Unique Supplier Identification Numbe		
			X5	State Industrial Accident Provider Nu		'/
Required	REF02	127	Reference Iden		X	AN 1/30
·			specified by the	mation as defined for a particular Transaction Reference Identification Qualifier sed Service Provider Secondary Identifier : FB0-11.0	n Set	or as
Not Used	REF03	352	Description	urchased Service Provider Secondary Identi	X	AN 1/80
				scription to clarify the related data elements	and the	eir content
Not Used	REF04	C040	Reference Iden		O	
			specified by the	or more reference numbers or identification Reference Qualifier	numb	
Not Used	C04001	128	Reference Iden	ntification Qualifier	M	ID 2/3
P837V401 (C	04010X098)			505		August 8 2001

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			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	on Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	on Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	on Set o	or as

Segment: NM1 Service Facility Location

**Position:** 250

Loop: 2310D Optional

Level: Summary
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

2 If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

**Notes:** Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

This loop is required when the location of health care service is different than that carried in the 2010AA (Billing Provider) or 2010AB (Pay-to Provider) loops.

Required if the service was rendered in a Health Professional Shortage Area (QB or QU modifier billed) and the place of service is different than the HPSA billing address.

The purpose of this loop is to identify specifically where the service was rendered. In cases where it was rendered at the patient's home, do not use this loop. In that case, the place of service code in CLM05-1 should indicate that the service occurred in the patient's home.

			Data Elei	ment Summary		
	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>		Att	<u>ributes</u>
Required	NM101	98	<b>Entity Identifier</b>	Code	M	ID 2/3
			Code identifying a	an organizational entity, a physical location	, pro	perty or an
			individual			
			INDUSTRY: Enti	ty Identifier Code		
			77	Service Location		
				Use when other codes in this element d	o not	apply.
			FA	Facility		
			LI	Independent Lab		
				Outside laboratory which provides test providing medical services	result	s for entity
			TL	Testing Laboratory		
Required	NM102	1065	<b>Entity Type Qua</b>	lifier	$\mathbf{M}$	ID 1/1
			Code qualifying th	ne type of entity		
			INDUSTRY: Enti	ty Type Qualifier		
			2	Non-Person Entity		
Situatio	NM103	1035	Name Last or Or	ganization Name	O	AN 1/35
			Individual last nar	ne or organizational name		
			Required except w	hen service was rendered in the patient's h	ome.	
			ALIAS: Laborator	ry/Facility Name		
			NSF Reference: E	A0-39.0		
			INDUSTRY: Lab	oratory or Facility Name		
Not Used	NM104	1036	Name First		O	AN 1/25
P837V401 (0	04010X098)			507		August 8, 2001

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			Individual first r	name		
Not Used	NM105	1037	Name Middle		O	AN 1/25
			Individual midd	e name or initial		
Not Used	NM106	1038	Name Prefix		O	AN 1/10
			Prefix to individ	ual name		
Not Used	NM107	1039	Name Suffix		O	AN 1/10
			Suffix to individ	ual name		
Situatio	NM108	66	Identification C	Code Qualifier	$\mathbf{X}$	ID 1/2
			Code designatin	g the system/method of code structure use	d for Id	entification
			Code (67)			
				er Employer's Identification/Social Securit	y Numb	er or
			National Provide	er Identifier is known.		
			INDUSTRY: Ide	entification Code Qualifier		
			24	Employer's Identification Number		
			34	Social Security Number		
			XX	Health Care Financing Administration	n Natio	nal Provider
				Identifier		
Situatio	NM109	67	<b>Identification</b> C		X	AN 2/80
			Code identifying	g a party or other code		
				er Employer's Identification/Social Securit er Identifier is known.	y Numb	er or
			ALIAS: Laborat	ory/Facility Primary Identifier		
			NSF Reference:	EA1-04.0, EA0-53.0		
			INDUSTRY: La	boratory or Facility Primary Identifier		
Not Used	NM110	706	<b>Entity Relation</b>	ship Code	X	ID 2/2
			Code describing	entity relationship		
Not Used	NM111	98	<b>Entity Identifie</b>	r Code	O	ID 2/3
			C 1 '1 ''C '	an organizational entity, a physical locati		

N2 Additional Service Facility Location Name Information **Segment:** 

**Position:** 260

Loop: 2310D Optional

Level: Summary **Usage:** Optional Max Use:

To specify additional names or those longer than 35 characters in length **Purpose:** 

**Syntax Notes: Semantic Notes: Comments:** 

Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names. **Notes:** 

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Laboratory/Facility Additional Name Information	Attr M	ibutes AN 1/60
Not Used	N202	93	INDUSTRY: Laboratory or Facility Name Additional Text Name Free-form name	0	AN 1/60

Segment: N3 Service Facility Location Address

**Position:** 265

Loop: 2310D Optional

Level: Summary

**Usage:** Optional (Must Use)

Max Use: 1

**Purpose:** To specify the location of the named party

Syntax Notes: Semantic Notes: Comments:

**Notes:** If service facility location is in an area where there are no street addresses, enter a

description of where the service was rendered (e.g., "crossroad of State Road 34 and 45"

or "Exit near Mile marker 265 on Interstate 80".)

	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>
Required	N301	166	Address Information	M	AN 1/55
			Address information		
			ALIAS: Laboratory/Facility Address 1		
			NSF Reference: EA1-06.0		
			INDUSTRY: Laboratory or Facility Address Line		
Situatio	N302	166	Address Information	O	AN 1/55
			Address information		
			Required if a second address line exists.		
			ALIAS: Laboratory/Facility Address 2		
			NSF Reference: EA1-07.0		
			INDUSTRY: Laboratory or Facility Address Line		

Segment: N4 Service Facility Location City/State/ZIP

**Position:** 270

Loop: 2310D Optional

Level: Summary

Usage: Optional (Must Use)

Max Use:

Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 is required.

**Semantic Notes:** 

Comments: 1 A combination of either N401 through N404, or N405 and N406 may be adequate to

specify a location.

2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** If service facility location is in an area where there are no street addresses, enter the name

of the nearest town, state and zip of where the service was rendered.

			Data Element Summary		
Required	Ref. <u>Des.</u> N401	Data <u>Element</u> 19	Name City Name	Attr O	ributes AN 2/30
			Free-form text for city name		
			ALIAS: Laboratory/Facility City		
			NSF Reference: EA1-08.0		
Required	N402	156	INDUSTRY: Laboratory or Facility City Name State or Province Code	o	ID 2/2
			Code (Standard State/Province) as defined by appropriate government	vernn	nent agency
			ALIAS: Laboratory/Facility State		
			NSF Reference: EA1-09.0		
Required	N403	116	INDUSTRY: Laboratory or Facility State or Province Code <b>Postal Code</b>	0	ID 3/15
			Code defining international postal zone code excluding punct (zip code for United States) ALIAS: Laboratory/Facility Zip Code	uatio	n and blanks
			NSF Reference: EA1-10.0		
Situatio	N404	26	INDUSTRY: Laboratory or Facility Postal Zone or ZIP Code Country Code	0	ID 2/3
			Code identifying the country		
			Required if the address is out of the U.S.		
			ALIAS: Laboratory/Facility Country Code		
		• • •	INDUSTRY: Country Code		
Not Used	N405	309	Location Qualifier	X	ID 1/2
NI.4 II J	NIAOZ	210	Code identifying type of location	•	A NI 1/20
Not Used	N406	310	Location Identifier	O	AN 1/30
			Code which identifies a specific location		

 ${f REF}$  Service Facility Location Secondary Identification **Segment:** 

**Position:** 271

2310D Loop: Optional

Level: Summary Usage: Optional Max Use:

To specify identifying information **Purpose:** 

At least one of REF02 or REF03 is required. **Syntax Notes:** 

If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:** 

**Notes:** 

REF04 contains data relating to the value cited in REF02.

Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.

			Data E	lement Summary		
Required	Ref. <u>Des.</u> REF01	Data Element 128	<u>Name</u> Reference Iden	tification Qualifier	Attı M	ributes ID 2/3
			Code qualifying	the Reference Identification		
				eference Identification Qualifier		
			0B	State License Number		
			1A	Blue Cross Provider Number		
			1B	Blue Shield Provider Number		
			1C	Medicare Provider Number		
			1D	Medicaid Provider Number		
			1G	Provider UPIN Number		
			1H	<b>CHAMPUS</b> Identification Number		
			G2	Provider Commercial Number		
				A unique number assigned to a provide insurer	er by a	a commercial
			LU	Location Number		
			N5	Provider Plan Network Identification N		
				A number assigned to identify a specif	ic pro	vider in a
			TJ	health care plan network Federal Taxpayer's Identification Num	hor	
			13 X4	Clinical Laboratory Improvement Ame		nt Number
			X5	State Industrial Accident Provider Nur		iii ivuiiibei
Required	REF02	127	Reference Iden		noer X	AN 1/30
Kequired	KEFU2	127	Reference information specified by the	nation as defined for a particular Transaction Reference Identification Qualifier tory/Facility Secondary Identification Numb	n Set o	
				EA1-04.0, EA0-53.0		
Na4 Haad	DEE02	252		aboratory or Facility Secondary Identifier	v	A NI 1/00
Not Used	REF03	352	<b>Description</b>		X	AN 1/80
NI ATI I	DEE04	C0.40		cription to clarify the related data elements a		eir content
Not Used	REF04	C040	Reference Iden		0	
				or more reference numbers or identification Reference Qualifier	numb	ers as
Not Used	C04001	128		tification Qualifier	M	ID 2/3
				the Reference Identification		
Not Used	C04002	127	Reference Iden		M	AN 1/30
		= <b>-</b> -		nation as defined for a particular Transaction		
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Not Used	C04003	128	specified by the Reference Identification Qualifier <b>Reference Identification Qualifier</b>	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30
Not Used	C04005	128	Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier Reference Identification Qualifier	n Set o	or as ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	n Set o	or as

Segment: NM1 Supervising Provider Name

**Position:** 250

Loop: 2310E Optional

Level: Summary
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

If NM111 is present, then NM110 is required.

Semantic Notes: 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

**Notes:** Information in Loop ID-2310 applies to the entire claim unless overridden on a service

line by the presence of Loop ID-2420 with the same value in NM101.

Required when the rendering provider is supervised by a physician.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

			<b>Data Element Summary</b>		
	Ref.	Data Floment	Nome	A +++	ibutos
Required	<u>Des.</u> NM101	Element 98	Name Entity Identifier Code	M	<u>ibutes</u> ID 2/3
•			Code identifying an organizational entity, a physical location, individual INDUSTRY: Entity Identifier Code	prop	erty or an
			DQ Supervising Physician		
Required	NM102	1065	Entity Type Qualifier	M	ID 1/1
			Code qualifying the type of entity		
			INDUSTRY: Entity Type Qualifier		
			1 Person		
Required	NM103	1035	Name Last or Organization Name	O	AN 1/35
			Individual last name or organizational name		
			ALIAS: Supervising Provider Last Name		
			NSF Reference: EA1-18.0		
Required	NM104	1036	INDUSTRY: Supervising Provider Last Name Name First	0	AN 1/25
Required	1411114	1030	Individual first name	U	AN 1/23
			ALIAS: Supervising Provider First Name		
			ALIAS. Supervising Provider Plast Ivalie		
			NSF Reference: EA1-19.0		
Situatio	NM105	1037	INDUSTRY: Supervising Provider First Name Name Middle	o	AN 1/25
			Individual middle name or initial		
			Required if NM102=1 and the middle name/initial of the pers	on is	known.
			ALIAS: Supervising Provider Middle Name		
			NSF Reference: EA1-20.0		
Not Used	NM106	1038	INDUSTRY: Supervising Provider Middle Name Name Prefix	o	AN 1/10

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			Prefix to individ	ual name		
Situatio	NM107	1039	Name Suffix		O	AN 1/10
			Suffix to individ	ual name		
			Required if know	vn.		
			ALIAS: Supervi	sing Provider Generation		
Situatio	NM108	66	INDUSTRY: Su Identification C	pervising Provider Name Suffix	X	ID 1/2
21000010	11112200			g the system/method of code structure used to	for Ide	
			Code (67)	5 the system method of code structure used i	.01 100	
			Required if either	er Employer's Identification/Social Security I er Identifier is known.	Numb	er or
			INDUSTRY: Ide	entification Code Qualifier Employer's Identification Number		
			34	Social Security Number		
			3.	The social security number may not be	used f	for
				Medicare.		
			XX	Health Care Financing Administration I Identifier	Nation	nal Provider
Situatio	NM109	67	Identification C	ode	$\mathbf{X}$	AN 2/80
			Code identifying	a party or other code		
			Required if either	er Employer's Identification/Social Security I	Numb	er or
			National Provide	er Identifier is known.		
			ALIAS: Supervi	sing Provider Primary Identifier		
			NSF Reference:	EA1-16.0		
Not Ilaad	NIM 110	704		pervising Provider Identifier	v	ID 2/2
Not Used	NM110	706	Entity Relations	_	X	ID 2/2
			Code describing	entity relationship		

Not Used

NM111

98

**Entity Identifier Code** 

individual

Code identifying an organizational entity, a physical location, property or an

O ID 2/3

N2 Additional Supervising Provider Name Information **Segment:** 

**Position:** 260

2310E Loop: Optional

Level: Summary **Usage:** Optional Max Use:

To specify additional names or those longer than 35 characters in length **Purpose:** 

**Syntax Notes: Semantic Notes: Comments:** 

Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names. **Notes:** 

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Supervising Provider Additional Name Information		ibutes AN 1/60
Not Used	N202	93	INDUSTRY: Supervising Provider Name Additional Text Name Free-form name	o	AN 1/60

Segment:  ${f REF}$  Supervising Provider Secondary Identification

**Position:** 271

Loop: 2310E Optional

Level: Summary Usage: Optional Max Use: 5

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

**Notes:** 

1 REF04 contains data relating to the value cited in REF02.

Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM108/9 in this loop.

			Data Ele	ement Summary		
Required	Ref. <u>Des.</u> REF01	Data <u>Element</u> 128	<u>Name</u> Reference Ident	ification Qualifier	<u>Attı</u> M	ributes ID 2/3
_			Code qualifying	the Reference Identification		
			INDUSTRY: Ref	ference Identification Qualifier		
			0B	State License Number		
			1B	Blue Shield Provider Number		
			1C	Medicare Provider Number		
			1D	Medicaid Provider Number		
			1G	Provider UPIN Number		
			1H	CHAMPUS Identification Number		
			EI	Employer's Identification Number		
			G2	Provider Commercial Number		
			LU	A unique number assigned to a provide insurer Location Number	r by a	commercial
			N5	Provider Plan Network Identification N	Jumbo	••
			SY	A number assigned to identify a specif health care plan network Social Security Number		
			X5	The social security number may not be Medicare. State Industrial Accident Provider Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Number Num		for
Required	REF02	127	Reference Ident	ification	X	AN 1/30
			specified by the	nation as defined for a particular Transaction Reference Identification Qualifier sing Provider Secondary Identifier	ı Set o	or as
			NSF Reference:	EA1-16.0		
Not Used	REF03	352	Description	pervising Provider Secondary Identifier	X	AN 1/80
				ription to clarify the related data elements a		eir content
Not Used	REF04	C040	Reference Ident		0	
			•	or more reference numbers or identification Reference Qualifier	numbe	ers as
Not Used	C04001	128		ification Qualifier	M	ID 2/3
				the Reference Identification	-· <b>-</b>	· <b>-</b>
Not Used	C04002	127	Reference Ident		M	AN 1/30

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			Reference information as defined for a particular Transacti specified by the Reference Identification Qualifier	on Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transacti specified by the Reference Identification Qualifier	on Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transacti	on Set o	or as

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Segment:  ${f SBR}$  Other Subscriber Information

Position: 290

Loop: 2320 Optional

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To record information specific to the primary insured and the insurance carrier for that

insured

Syntax Notes:

**Semantic Notes:** 1 SBR02 specifies the relationship to the person insured.

- 2 SBR03 is policy or group number.
- 3 SBR04 is plan name.
- 4 SBR07 is destination payer code. A "Y" value indicates the payer is the destination payer; an "N" value indicates the payer is not the destination payer.

#### **Comments:**

**Notes:** Required if other payers are known to potentially be involved in paying on this claim.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

All information contained in the 2320 Loop applies only to the payer who is identified in the 2330B Loop of this iteration of the 2320 Loop. It is specific only to that payer. If information on additional payers is needed to be carried, run the 2320 Loop again with it's respective 2330 Loops.

See Section 1.4.4 for more information on handling COB.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

	Data Element Summary						
Required	Ref. <u>Des.</u> SBR01	Data Element 1138	<u>Name</u> Payer Responsibilit	y Sequence Number Code	Attr M	ibutes ID 1/1	
			a claim	insurance carrier's level of responsibility nsibility sequence number code	for a	payment of	
			NSF Reference: DAG	0-02.0, DA1-02.0, DA2-02.0			
			•	Responsibility Sequence Number Code Primary			
			S	Secondary			
			T	Tertiary			
Required	SBR02	1069	Individual Relation	ship Code	O	ID 2/2	
			Code indicating the r	relationship between two individuals or e	ntitie	S	
			ALIAS: Individual re	elationship code			
			NSF Reference: DAG	0-17.0			
			INDUSTRY: Individ	lual Relationship Code			
			01	Spouse			
			04	Grandfather or Grandmother			
			05	Grandson or Granddaughter			
			07	Nephew or Niece			
			10	Foster Child			
			15	Ward			

			17	Stepson or Stepdaughter
			18	Self
			19	Child
				Dependent between the ages of 0 and 19; age
			20	qualifications may vary depending on policy Employee
			21	Unknown
			22	Handicapped Dependent
			23	Sponsored Dependent
			23	Dependents between the ages of 19 and 25 not attending
			24	school; age qualifications may vary depending on policy Dependent of a Minor Dependent
				A child not legally of age who has been granted adult
				status
			29	Significant Other
			32	Mother
			33	Father
			36	Emancipated Minor
			39	A person who has been judged by a court of competent jurisdiction to be allowed to act in his or her own interest; no adult is legally responsible for this minor; this may be declared as a result of marriage
			39	Organ Donor
			40	Individual receiving medical service in order to donate organs for a transplant Cadaver Donor
				Deceased individual donating body to be used for research or transplants
			41	Injured Plaintiff
			43	Child Where Insured Has No Financial Responsibility
			53	Child is covered by the insured but the insured is not the legal guardian  Life Partner
			G8	Other Relationship
Situatio	SBR03	127	Reference Identifi	_
	52200		Reference informat specified by the Re Required if the sub Number. This data	ion as defined for a particular Transaction Set or as eference Identification Qualifier scriber's payer identification includes Group or Plan element is intended to carry the subscriber's Group Number, a uniquely identifies the subscriber (Subscriber ID, Loop
			ALIAS: Group or F	Policy Number
			NSF Reference: Da	A0-10.0
Situatio	SBR04	93	Name Free-form name	ed Group or Policy Number  O AN 1/60  scriber's payer identification includes a Group or Plan
			ALIAS: Group or I	Plan Name

NSF Reference: DA0-11.0

Required

SBR05

1336

Kequifeu	SDKUS	1330	msurance Type C	oue	U	10 1/3
			Code identifying the program ALIAS: Insurance	he type of insurance policy within a specifity type code	ic ins	urance
			NSF Reference: D	A0-06.0		
			INDUSTRY: Insu	rance Type Code Auto Insurance Policy		
			C1	Commercial		
			CP	Medicare Conditionally Primary		
			GP	Group Policy		
				Two or more people who are part of contenter into an insurance contract with an company		
			HM	Health Maintenance Organization (HM	(C	
			IP	Individual Policy		
			LD	Long Term Policy		
			LT	Litigation		
			MB	Medicare Part B		
			MC	Medicaid		
				Program of health care services made a medically indigent and other needy personal transfer of the program of the services made a medically indigent and other needy personal transfer of the services made a medically indigent and other needy personal transfer of the services made a medically indigent and other needy personal transfer of the services made a medically indigent and other needy personal transfer of the services made a medically indigent and other needy personal transfer of the services made a medically indigent and other needy personal transfer of the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the services made as the servic		
			MI	age, under terms of a 1965 amendment Security Act Medigap Part B	to the	e U.S. Social
				Health insurance policy intended to cov covered portion of expenses eligible for reimbursement which must be paid by a beneficiary for health care services and/received	Med Med	licare Part B licare
			MP	Medicare Primary  Medicare has the primary responsibility care services and/or supplies received b beneficiary (a person entitled to Medica	y a c	overed
			OT	Other	,	
			PP	Personal Payment (Cash - No Insurance	)	
			SP	Supplemental Policy An insurance policy intended to cover n	on c	avarad
				charges of another insurance policy	011-00	overed
Not Used	SBR06	1143	Coordination of E		O	ID 1/1
			Code identifying v	whether there is a coordination of benefits		
Not Used	SBR07	1073		or Response Code	o	ID 1/1
				Yes or No condition or response		
Not Used	SBR08	584	<b>Employment Stat</b>	_	O	ID 2/2
			Code showing the	general employment status of an employee	e/clai	mant
Situatio	SBR09	1032	Claim Filing Indi		O	ID 1/2
			Code identifying t	ype of claim		
				nandated used of PlanID. Not used after Pl	anID	is
			ALIAS: Claim fili	ng indicator code		
			NSF Reference: D	A0-05.0		

INDUSTRY: Other Insured Group Name Insurance Type Code

O ID 1/3

INDUSTRY: Claim	n Filing Indicator Code
09	Self-pay
10	Central Certification
	CA0-23.0 (K), DA0-05.0 (K)
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
AM	Automobile Medical
BL	Blue Cross/Blue Shield
СН	Champus
CI	Commercial Insurance Co.
DS	Disability
HM	Health Maintenance Organization
LI	Liability
LM	Liability Medical
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
TV	Title V
VA	Veteran Administration Plan
	Refers to Veterans Affairs Plan.
WC	Workers' Compensation Health Claim
ZZ	Mutually Defined
	Unknown

Segment: CAS Claim Level Adjustments

Position: 295

Loop: 2320 Optional

Level: Summary
Usage: Optional
Max Use: 5

Purpose:

To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

**Syntax Notes:** 

- 1 If CAS05 is present, then at least one of CAS06 or CAS07 is required.
- 2 If CAS06 is present, then CAS05 is required.
- **3** If CAS07 is present, then CAS05 is required.
- 4 If CAS08 is present, then at least one of CAS09 or CAS10 is required.
- 5 If CAS09 is present, then CAS08 is required.
- **6** If CAS10 is present, then CAS08 is required.
- 7 If CAS11 is present, then at least one of CAS12 or CAS13 is required.
- **8** If CAS12 is present, then CAS11 is required.
- 9 If CAS13 is present, then CAS11 is required.
- 10 If CAS14 is present, then at least one of CAS15 or CAS16 is required.
- 11 If CAS15 is present, then CAS14 is required.12 If CAS16 is present, then CAS14 is required.
- 13 If CAS17 is present, then at least one of CAS18 or CAS19 is required.
- **14** If CAS18 is present, then CAS17 is required.
- 15 If CAS19 is present, then CAS17 is required.

#### **Semantic Notes:**

- CAS03 is the amount of adjustment.
- 2 CAS04 is the units of service being adjusted.
- 3 CAS06 is the amount of the adjustment.
- 4 CAS07 is the units of service being adjusted.
- 5 CAS09 is the amount of the adjustment.
- **6** CAS10 is the units of service being adjusted.
- 7 CAS12 is the amount of the adjustment.
- **8** CAS13 is the units of service being adjusted.
- **9** CAS15 is the amount of the adjustment.
- **10** CAS16 is the units of service being adjusted.
- 11 CAS18 is the amount of the adjustment.
- 12 CAS19 is the units of service being adjusted.

#### **Comments:**

Notes:

- Adjustment information is intended to help the provider balance the remittance information. Adjustment amounts should fully explain the difference between submitted charges and the amount paid.
- When the submitted charges are paid in full, the value for CAS03 should be zero. Submitters should use this CAS segment to report prior payers' claim level adjustments that cause the amount paid to differ from the amount originally charged.

Only one Group Code is allowed per CAS. If it is necessary to send more than one Group Code at the claim level, repeat the CAS segment again.

Codes and associated amounts should come from 835s (Remittance Advice) received on the claim. If no previous payments have been made, omit this segment.

Required if claim has been adjudicated by payer identified in this loop and has claim level adjustment information.

To locate the claim adjustment group codes (CAS01) and claim adjustment reason codes (CAS02, 05, 08, 11, 14, and 17) see the Washington Publishing Company web site: http://www.wpc-edi.com. Follow the buttons to Code Lists - Claim Adjustment Reason Codes.

There several NSF fields which are not directly crosswalked from the 837 to NSF, particularly with respect to payer-to-payer COB situations. Below is a list of some of these NSF fields and some suggestions regarding how to handle them in the 837.

Provider Adjustment Amt (DA3-25.0). This would equal the sum of all the adjustment amounts in CAS03, 06, 09, 12, 15, and 18 at both the claim and the line level. See the 835 for how to balance the CAS adjustments against the total billed amount.

Beneficiary liability amount (FA0-53.0) This amount would equal the sum of all the adjustment amounts in CAS03, 06, 09, 12, 15, and 18 at both the claim and the line level when CAS01 = PR (patient responsibility).

Amount paid to Provider (DA1-33.0). This would be calculated through the use of the CAS codes. Please see the detail on the codes and the discussion of how to use them in the 835 implementation guide.

Balance bill limit charge (FA0-54.0). This would equal any CAS adjustment where CAS01=CO and one of the adjustment reason code elements equaled "45".

Beneficiary Adjustment Amt (DA3-26.0) Amount paid to beneficiary (DA1-30.0)). The amount paid to the beneficiary is indicated by the use of CAS code "100 - Payment made to patient/insured/responsible party."

Original Paid Amount (DA3-28.0): The original paid amount can be calculated from the original COB claim by subtracting all claim adjustments carried in the claim and line level CAS from the original billed amount.

			Data Element Summary		
	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>	Attr	<u>ributes</u>
Required	CAS01	1033	Claim Adjustment Group Code	M	ID 1/2
			Code identifying the general category of payment adjustment		
			ALIAS: Claim Adjustment Group Code		
			INDUSTRY: Claim Adjustment Group Code CO Contractual Obligations		
			CR Correction and Reversals		
			OA Other adjustments		
			PI Payor Initiated Reductions		
			PR Patient Responsibility		
Required	CAS02	1034	Claim Adjustment Reason Code	M	ID 1/5
•			Code identifying the detailed reason the adjustment was made	9	
			ALIAS: Adjustment Reason Code - Claim Level		
			NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, 14.0, DA3-16.0, DA1-16.0, DA1-30.0	DA3	3-12.0, DA3-
Required	CAS03	782	INDUSTRY: Adjustment Reason Code  Monetary Amount  Monetary amount  ALIAS: Adjusted Amount - Claim Level	M	R 1/18
			NSF Reference: DA1-09.0, DA1-10.0, DA1-11.0, DA1-12.0, 05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-15.0, 30.0, DA1-33.0, DA3-25.0, DA3-26.0		
Situatio	CAS04	380	INDUSTRY: Adjustment Amount  Quantity  Numeric value of quantity  Use as needed to show payer adjustment.	0	R 1/15
			ALIAS: Adjusted Units - Claim Level		
Situatio	CAS05	1034	INDUSTRY: Adjustment Quantity Claim Adjustment Reason Code Code identifying the detailed reason the adjustment was made	X	ID 1/5
			, o		

Use as needed to show payer adjustment.

ALIAS: Adjustment Reason Code - Claim Level

NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-

14.0, DA3-16.0, DA1-17.0, DA1-30.0

INDUSTRY: Adjustment Reason Code

Situatio CAS06 782 Monetary Amount X R 1/18

Monetary amount

Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Claim Level

NSF Reference: DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-

15.0, DA3-17.0, DA1-30.0, DA1-33.0, DA3-25.0, DA3-26.0

INDUSTRY: Adjustment Amount

Situatio CAS07 380 Quantity X R 1/15

Numeric value of quantity

Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Claim Level

INDUSTRY: Adjustment Quantity

Situatio CAS08 1034 Claim Adjustment Reason Code X ID 1/5

Code identifying the detailed reason the adjustment was made

Use as needed to show payer adjustment.

ALIAS: Adjustment Reason Code - Claim Level

NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-

14.0, DA3-16.0, DA1-30.0, DA1-18.0

INDUSTRY: Adjustment Reason Code

Situatio CAS09 782 Monetary Amount X R 1/18

Monetary amount

Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Claim Level

NSF Reference: DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-

15.0, DA3-17.0, DA1-30.0, DA1-33.0, DA3-25.0, DA3-26.0

INDUSTRY: Adjustment Amount

Situatio CAS10 380 Quantity X R 1/15

Numeric value of quantity

Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Claim Level

INDUSTRY: Adjustment Quantity

Situatio CAS11 1034 Claim Adjustment Reason Code X ID 1/5

Code identifying the detailed reason the adjustment was made

Use as needed to show payer adjustment.

ALIAS: Adjustment Reason Code - Claim Level

NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-

14.0, DA3-16.0, DA1-30.0

INDUSTRY: Adjustment Reason Code

Situatio CAS12 782 X R 1/18 **Monetary Amount** 

Monetary amount

Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Claim Level

NSF Reference: DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-

15.0, DA3-17.0, DA1-30.0, DA1-33.0, DA3-25.0, DA3-26.0

INDUSTRY: Adjustment Amount

Situatio CAS13 380 X R 1/15 Quantity

Numeric value of quantity

Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Claim Level

INDUSTRY: Adjustment Quantity Situatio CAS14 1034

X ID 1/5 **Claim Adjustment Reason Code** 

Code identifying the detailed reason the adjustment was made

Use as needed to show payer adjustment.

ALIAS: Adjustment Reason Code - Claim Level

NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-

14.0, DA3-16.0, DA1-30.0

INDUSTRY: Adjustment Reason Code

Situatio CAS15 782 X R 1/18 **Monetary Amount** 

Monetary amount

Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Claim Level

NSF Reference: DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, DA3-13.0, DA3-

15.0, DA3-17.0, DA1-30.0, DA1-33.0, DA3-25.0, DA3-26.0

INDUSTRY: Adjustment Amount

380 Situatio CAS<sub>16</sub> X R 1/15 Quantity

Numeric value of quantity

Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Claim Level

INDUSTRY: Adjustment Quantity

1034 X ID 1/5 Situatio CAS17 **Claim Adjustment Reason Code** 

Code identifying the detailed reason the adjustment was made

Use as needed to show payer adjustment.

ALIAS: Adjustment Reason Code - Claim Level

NSF Reference: DA3-04.0, DA3-06.0, DA3-08.0, DA3-10.0, DA3-12.0, DA3-

14.0, DA3-16.0, DA1-30.0

INDUSTRY: Adjustment Reason Code

DRAFT Situatio	CAS18	782	Monetary Amount Monetary amount Use as needed to show payer adjustment.  ALIAS: Adjusted Amount - Claim Level	X	R 1/18
			NSF Reference: DA3-05.0, DA3-07.0, DA3-09.0, DA3-11.0, 15.0, DA3-17.0, DA1-30.0, DA1-33.0, DA3-25.0, DA3-26.0	DA3	-13.0, DA3-
Situatio	CAS19	380	INDUSTRY: Adjustment Amount  Quantity  Numeric value of quantity	X	R 1/15

Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Claim Level

INDUSTRY: Adjustment Quantity

 $\textbf{Segment:} \quad \textbf{AMT} \;\; \textbf{Coordination of Benefits (COB) Payer Paid Amount}$ 

**Position:** 300

**Loop:** 2320 Optional

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

Notes: Required if claim has been adjudicated by payer identified in this loop. It is acceptable to

show "0" amount paid.

	Ref. <u>Des.</u>	Data <u>Element</u>	Name	Attı	ributes
Required	AMT01	522	Amount Qualifier Code	$\mathbf{M}$	ID 1/3
			Code to qualify amount		
			INDUSTRY: Amount Qualifier Code		
			D Payor Amount Paid		
Required	AMT02	782	Monetary Amount	$\mathbf{M}$	R 1/18
			Monetary amount		
			This is a crosswalk from CLP04 in 835 when doing COB.		
N T 1	4.3.4TD0.2	4=0	INDUSTRY: Payer Paid Amount	0	TD 4/4
Not Used	AMT03	478	Credit/Debit Flag Code	О	ID 1/1
			Code indicating whether amount is a credit or debit		

 $\textbf{Segment:} \quad \textbf{AMT} \;\; \textbf{Coordination of Benefits (COB) Approved Amount}$ 

**Position:** 300

Loop: 2320 Optional

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

Notes: Used primarily in payer-to-payer COB situations by the payer who is sending this claim

to another payer. Providers (in a provider-to-payer COB situation) do not usually

complete this information but may do so if the information is available.

The approved amount equals the amount for the total claim that was approved by the payer sending this 837 to another payer.

Required	Ref. <u>Des.</u> AMT01	Data <u>Element</u> 522	Name Amount Qualifier Code	<u>Attr</u> M	ibutes ID 1/3
			Code to qualify amount		
			INDUSTRY: Amount Qualifier Code		
			AAE Approved Amount		
Required	AMT02	782	Monetary Amount	$\mathbf{M}$	R 1/18
			Monetary amount		
			NSF Reference: DA1-37.0		
			INDUSTRY: Approved Amount		
Not Used	AMT03	478	Credit/Debit Flag Code	O	ID 1/1
			Code indicating whether amount is a credit or debit		

Segment:  $\mathbf{AMT}$  Coordination of Benefits (COB) Allowed Amount

**Position:** 300

Loop: 2320 Optional

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

**Notes:** Used primarily in payer-to-payer COB situations by the payer who is sending this claim

to another payer. Providers (in a provider-to-payer COB situation) do not usually

complete this information but may do so if the information is available.

The allowed amount equals the amount for the total claim that was allowed by the payer sending this 837 to another payer.

Required	Ref. Des. AMT01	Data Element 522	<u>Name</u> Amount Qualifier (	Code	<u>Attı</u> M	ributes ID 1/3
			Code to qualify amo	punt		
			INDUSTRY: Amou	nt Qualifier Code		
			B6	Allowed - Actual		
				Amount considered for payment under the contract	the pr	rovisions of
Required	AMT02	782	<b>Monetary Amount</b>		$\mathbf{M}$	R 1/18
			Monetary amount			
			INDUSTRY: Allow	ed Amount		
Not Used	AMT03	478	Credit/Debit Flag	Code	O	<b>ID</b> 1/1
			Code indicating who	ether amount is a credit or debit		

 $\textbf{Segment:} \quad \textbf{AMT} \;\; \textbf{Coordination of Benefits (COB) Patient Responsibility Amount}$ 

**Position:** 300

Loop: 2320 Optional

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

**Notes:** Required if patient is responsible for payment according to another payer's adjudication.

This is the amount of money which is the responsibility of the patient according to the

payer identified in this loop (2330B NM1).

	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>	<u>Attri</u>	<u>butes</u>
Required	AMT01	522	Amount Qualifier Code	M	ID 1/3
			Code to qualify amount		
			INDUSTRY: Amount Qualifier Code		
			F2 Patient Responsibility - Actual		
			Calculated value one receiving me	dical care is	obliged to
			pay		
Required	AMT02	782	Monetary Amount	$\mathbf{M}$	R 1/18
			Monetary amount		
			This is a crosswalk from CLP05 in 835 when doing CO	B.	
Not Used	AMT03	478	INDUSTRY: Other Payer Patient Responsibility Amount Credit/Debit Flag Code		ID 1/1
			Code indicating whether amount is a credit or debit		

Segment:  $\mathbf{AMT}$  Coordination of Benefits (COB) Covered Amount

**Position:** 300

Loop: 2320 Optional

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

**Notes:** Used primarily in payer-to-payer COB situations by the payer who is sending this claim

to another payer. Providers (in a provider-to-payer COB situation) do not usually

complete this information but may do so if the information is available.

The covered amount equals the amount for the total claim that was covered by the payer sending this 837 to another payer.

	Ref.	Data		•		
	Des.	<b>Element</b>	<u>Name</u>		Attr	<u>ibutes</u>
Required	AMT01	522	<b>Amount Qualifier C</b>	ode	$\mathbf{M}$	ID 1/3
			Code to qualify amou	nt		
			INDUSTRY: Amoun	t Qualifier Code		
			AU	Coverage Amount		
				The dollar amount of property coverage specific policy contract	prov	ided by a
Required	AMT02	782	<b>Monetary Amount</b>		M	R 1/18
			Monetary amount			
			This is a crosswalk fr = AU.	om AMT in 835 (Loop CLP, position 0	62) w	then AMT01
Not Used	AMT03	478	Credit/Debit Flag Co		0	ID 1/1
			Code indicating wheth	her amount is a credit or debit		

 $AMT \ \ Coordination \ of \ Benefits \ (COB) \ Discount \ Amount$ **Segment:** 

**Position:** 300

2320 Loop: Optional

Level: Summary Usage: Optional Max Use:

**Purpose:** To indicate the total monetary amount

**Syntax Notes: Semantic Notes: Comments:** 

> **Notes:** Required if claim has been adjudicated by the payer identified in this loop and if this

> > information was included in the remittance advice reporting those adjudication results.

**Data Element Summary** 

Ref. Data Des. **Element Name Attributes** Required AMT01 **Amount Qualifier Code** 522 M ID 1/3 Code to qualify amount INDUSTRY: Amount Qualifier Code D8 Discount Amount A reduction from the usual price Required AMT02 782 **Monetary Amount** M R 1/18 Monetary amount This is a crosswalk from AMT in 835 (Loop CLP, position 062) when AMT01 = D8. INDUSTRY: Other Payer Discount Amount Not Used AMT03 478 Credit/Debit Flag Code O ID 1/1

Code indicating whether amount is a credit or debit

**Position:** 300

Loop: 2320 Optional

Level: Summary Usage: Optional Max Use: 1

**Purpose:** To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

**Notes:** Required if claim has been adjudicated by the payer identified in this loop and if this

information was included in the remittance advice reporting those adjudication results.

	Ref. <u>Des.</u>	Data <u>Element</u>	<u>Name</u>	<u>Attı</u>	<u>ributes</u>
Required	AMT01	522	Amount Qualifier Code	M	ID 1/3
			Code to qualify amount		
			INDUSTRY: Amount Qualifier Code		
			DY Per Day Limit		
Required	AMT02	782	Monetary Amount	$\mathbf{M}$	R 1/18
			Monetary amount		
			This is a crosswalk from AMT in 835 (Loop CLP, positio = DY.	n 062) w	when AMT01
Not Used	AMT03	478	INDUSTRY: Other Payer Per Day Limit Amount Credit/Debit Flag Code	O	ID 1/1
			Code indicating whether amount is a credit or debit		

Segment:  ${\bf AMT}$  Coordination of Benefits (COB) Patient Paid Amount

**Position:** 300

Loop: 2320 Optional

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

**Notes:** Required if claim has been adjudicated by the payer identified in this loop and if this

information was included in the remittance advice reporting those adjudication results.

The amount carried in this segment is the total amount of money paid by the payer to the patient (rather than to the provider) on this claim.

	Ref.	Data	2 4 4 2 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Des.	Element	<u>Name</u>	<u>Attributes</u>		
Required	AMT01	522	<b>Amount Qualifier Code</b>	M ID 1/3		
			Code to qualify amount			
			NDUSTRY: Amount Qualifier Code			
			F5 Patient Amount F	aid		
			Monetary amoun medical care	t value already paid by one receiving		
Required	AMT02	782	Monetary Amount	M R 1/18		
			Monetary amount			
			This is a crosswalk from AMT in 835 = F5.	(Loop CLP, position 062) when AMT01		
Not Used	AMT03	478	INDUSTRY: Other Payer Patient Paid Credit/Debit Flag Code	O ID 1/1		
			Code indicating whether amount is a cr	edit or debit		

Segment: AMT Coordination of Benefits (COB) Tax Amount

**Position:** 300

Loop: 2320 Optional

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

**Notes:** Required if claim has been adjudicated by the payer identified in this loop and if this

information was included in the remittance advice reporting those adjudication results.

	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>	Attr	<u>ibutes</u>
Required	AMT01	522	Amount Qualifier Code	$\mathbf{M}$	ID 1/3
			Code to qualify amount		
			INDUSTRY: Amount Qualifier Code		
			T Tax		
Required	AMT02	782	Monetary Amount	$\mathbf{M}$	R 1/18
			Monetary amount		
			This is a crosswalk from AMT in 835 (Loop CLP, position $0 = T$ .	62) w	hen AMT01
Not Used	AMT03	478	INDUSTRY: Other Payer Tax Amount Credit/Debit Flag Code	o	ID 1/1
			Code indicating whether amount is a credit or debit		

**Position:** 300

Loop: 2320 Optional

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

**Notes:** Required if claim has been adjudicated by the payer identified in this loop and if this

information was included in the remittance advice reporting those adjudication results.

	Ref. <u>Des.</u>	Data <u>Element</u>	<u>Name</u>	<u>Attributes</u>		
Required	AMT01	522	Amount Qualifier Code	M ID 1/3		
			Code to qualify amount			
			INDUSTRY: Amount Qualifier Code			
			T2 Total Claim Before Taxes			
			The total monies requested for a si taxes were included	ingle claim before any		
Required	AMT02	782	Monetary Amount	M R 1/18		
			Monetary amount			
			This is a crosswalk from AMT in 835 (Loop CLP, posit = T2.	tion 062) when AMT01		
Not Used	AMT03	478	INDUSTRY: Other Payer Pre-Tax Claim Total Amount Credit/Debit Flag Code	t O ID 1/1		
			Code indicating whether amount is a credit or debit			

Segment:  $\mathbf{DMG}$  Subscriber Demographic Information

**Position:** 305

Loop: 2320 Optional

Level: Summary
Usage: Optional

Max Use: 1

**Purpose:** To supply demographic information

**Syntax Notes:** 1 If either DMG01 or DMG02 is present, then the other is required.

**Semantic Notes:** 1 DMG02 is the date of birth.

2 DMG07 is the country of citizenship.

3 DMG09 is the age in years.

**Comments:** 

**Notes:** Required when 2330A NM102 = 1 (person).

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

			Data Element Summary		
	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>	Attributes	
Required	DMG01	1250	Date Time Period Format Qualifier	X	ID 2/3
			Code indicating the date format, time format, or date and time	e forr	nat
			INDUSTRY: Date Time Period Format Qualifier		
			D8 Date Expressed in Format CCYYMMD	D	
Required	DMG02	1251	Date Time Period	$\mathbf{X}$	AN 1/35
			Expression of a date, a time, or range of dates, times or dates	and	times
			ALIAS: Date of Birth - Subscriber		
			NSF Reference: DA0-24.0		
			INDUSTRY: Other Insured Birth Date	0	
Required	DMG03	1068	Gender Code		<b>ID</b> 1/1
			Code indicating the sex of the individual		
			ALIAS: Gender - Subscriber		
			NSF Reference: DA0-23.0		
			INDUSTRY: Other Insured Gender Code		
			F Female		
			M Male		
			U Unknown		
Not Used	DMG04	1067	Marital Status Code	0	<b>ID</b> 1/1
			Code defining the marital status of a person		
Not Used	DMG05	1109	Race or Ethnicity Code	O	<b>ID</b> 1/1
			Code indicating the racial or ethnic background of a person; reported; Under certain circumstances this information is coll		
			States Government statistical purposes		
Not Used	DMG06	1066	Citizenship Status Code	O	ID 1/2
			Code indicating citizenship status		
Not Used	DMG07	26	Country Code	O	ID 2/3
			Code identifying the country		
Not Used	DMG08	659	Basis of Verification Code	O	<b>ID</b> 1/2
			Code indicating the basis of verification		
Not Used	DMG09	380	Quantity	O	R 1/15
			Numeric value of quantity		
D02577401 (0	0.401037000		520		

Segment: OI Other Insurance Coverage Information

**Position:** 310

Loop: 2320 Optional

**Level:** Summary

**Usage:** Optional (Must Use)

Max Use:

**Purpose:** To specify information associated with other health insurance coverage

Syntax Notes: Semantic Notes:

1 OI03 is the assignment of benefits indicator. A "Y" value indicates insured or authorized person authorizes benefits to be assigned to the provider; an "N" value

indicates benefits have not been assigned to the provider.

**Comments:** 

**Notes:** All information contained in the OI segment applies only to the payer who is identified in

the 2330B loop of this iteration of the 2320 loop. It is specific only to that payer.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

## **Data Element Summary**

	Ref.	Data	Data Element Summary		
	Des.	Element	<u>Name</u>	Attı	<u>ributes</u>
Not Used	OI01	1032	Claim Filing Indicator Code	O	ID 1/2
			Code identifying type of claim		
Not Used	OI02	1383	Claim Submission Reason Code	O	ID 2/2
			Code identifying reason for claim submission		
Required	OI03	1073	Yes/No Condition or Response Code	O	<b>ID 1/1</b>
			Code indicating a Yes or No condition or response		
			This is a crosswalk from CLM08 when doing COB.		
			ALIAS: Assignment of Benefits Indicator		
			NSF Reference: DA0-15.0		
			INDUSTRY: Benefits Assignment Certification Indicator		
			N No		
			Y Yes		
Situatio	<b>OI04</b>	1351	Patient Signature Source Code	O	<b>ID</b> 1/1

Code indicating how the patient or subscriber authorization signatures were obtained and how they are being retained by the provider Required except in cases where "N" is used in OI06.

This is a crosswalk from CLM10 when doing COB.

ALIAS: Patient Signature Source Code

NSF Reference: DA0-16.0

INDUSTRY: Patient Signature Source Code

В	Signed signature authorization form or forms for both
	HCFA-1500 Claim Form block 12 and block 13 are on
	file
C	Signed HCFA-1500 Claim Form on file
M	Signed signature authorization form for HCFA-1500
	Claim Form block 13 on file
P	Signature generated by provider because the patient was
	not physically present for services
S	Signed signature authorization form for HCFA-1500

Claim	Form	h	lock	12	on	file

Not Used	OI05	1360	<b>Provider Agreement Code</b>	0	ID 1/1
			Code indicating the type of agreement under which the provide this claim	der is	submitting
Required	OI06	1363	Release of Information Code	O	ID 1/1
			Code indicating whether the provider has on file a signed stat patient authorizing the release of medical data to other organi This is a crosswalk from CLM09 when doing COB.		•

ALIAS: Release of Information Code

## INDUSTRY: Release of Information Code

A	Appropriate Release of Information on File at Health
	Care Service Provider or at Utilization Review
	Organization
I	Informed Consent to Release Medical Information for
	Conditions or Diagnoses Regulated by Federal Statutes
M	The Provider has Limited or Restricted Ability to Release
	Data Related to a Claim
N	No, Provider is Not Allowed to Release Data
O	On file at Payor or at Plan Sponsor
Y	Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim

Segment: MOA Medicare Outpatient Adjudication Information

Position: 320

Loop: 2320 Optional

Level: Summary
Usage: Optional
Max Use: 1

Purpose: To convey claim-level data related to the adjudication of Medicare claims not related to

an inpatient setting

**Syntax Notes:** 

**Semantic Notes:** 1 MOA01 is the reimbursement rate.

2 MOA02 is the claim Health Care Financing Administration Common Procedural Coding System (HCPCS) payable amount.

3 MOA03 is the Claim Payment Remark Code. See Code Source 411.

4 MOA04 is the Claim Payment Remark Code. See Code Source 411.

MOA05 is the Claim Payment Remark Code. See Code Source 411.

6 MOA06 is the Claim Payment Remark Code. See Code Source 411.

MOA07 is the Claim Payment Remark Code. See Code Source 411.

8 MOA08 is the End Stage Renal Disease (ESRD) payment amount.

9 MOA09 is the professional component amount billed but not payable.

**Comments:** 

**Notes:** Required if returned in the electronic remittance advice (835).

	Ref.	Data	Data Element Summary				
	Des.	Element	Name Attributes				
Situatio	MOA01	954	Percent	O	R 1/10		
			Percentage expressed as a decimal				
			Required if returned in the electronic remittance advice (835)	۱.			
			ALIAS: Outpatient Reimbursement Rate				
			INDUSTRY: Reimbursement Rate				
Situatio	MOA02	782	Monetary Amount	O	R 1/18		
			Monetary amount				
			Required if returned in the electronic remittance advice (835)	١.			
			ALIAS: HCPCS Payable Amount				
			INDUSTRY: HCPCS Payable Amount				
Situatio	MOA03	127	Reference Identification	O	AN 1/30		
			Reference information as defined for a particular Transaction	Set o	or as		
			specified by the Reference Identification Qualifier				
			Required if returned in the electronic remittance advice (835)	١.			
			ALIAS: Remarks Code				
			NSF Reference: DA3-18.0, DA3-19.0, DA3-20.0, DA3-21.0,	DA3	3-22.0		
			INDUSTRY: Remark Code				
Situatio	MOA04	127	Reference Identification	O	AN 1/30		
			Reference information as defined for a particular Transaction	Set o	or as		
			specified by the Reference Identification Qualifier Required if returned in the electronic remittance advice (835)	1			
			required if retained in the electronic remittance advice (633)	•			
			ALIAS: Remarks Code				

NSF Reference: DA3-18.0, DA3-19.0, DA3-20.0, DA3-21.0, DA3-22.0

INDUSTRY: Remark Code Situatio MOA05 127 **Reference Identification** O AN 1/30 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Required if returned in the electronic remittance advice (835). ALIAS: Remarks Code NSF Reference: DA3-18.0, DA3-19.0, DA3-20.0, DA3-21.0, DA3-22.0 INDUSTRY: Remark Code 127 **Reference Identification** O AN 1/30 Situatio **MOA06** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Required if returned in the electronic remittance advice (835). ALIAS: Remarks Code NSF Reference: DA3-18.0, DA3-19.0, DA3-20.0, DA3-21.0, DA3-22.0 INDUSTRY: Remark Code 127 Situatio **MOA07 Reference Identification** O AN 1/30 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Required if returned in the electronic remittance advice (835). ALIAS: Remarks Code NSF Reference: DA3-18.0, DA3-19.0, DA3-20.0, DA3-21.0, DA3-22.0 INDUSTRY: Remark Code Situatio MOA08 **782** O R 1/18 **Monetary Amount** Monetary amount Required if returned in the electronic remittance advice (835). ALIAS: ESRD Paid Amount INDUSTRY: End Stage Renal Disease Payment Amount **782** O R 1/18 Situatio **MOA09 Monetary Amount** Monetary amount Required if returned in the electronic remittance advice (835). **ALIAS: Professional Component** 

INDUSTRY: Non-Payable Professional Component Billed Amount

Segment: NM1 Other Subscriber Name

**Position:** 325

**Loop:** 2330A Optional (Must Use)

**Level:** Summary

**Usage:** Optional (Must Use)

Max Use:

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

Notes: Submitters are required to send information on all known other subscribers in Loop ID-

2330.

This 2330 loop is required when Loop ID-2320 - Other Subscriber Information is used.

Otherwise, this loop is not used.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling

COB in the 837.

	Ref.	Data	Data Element Summary		
	Des.	Element	Name	Attr	ibutes
Required	NM101	98	Entity Identifier Code		ID 2/3
			Code identifying an organizational entity, a physical location, individual	prop	erty or an
			INDUSTRY: Entity Identifier Code		
			IL Insured or Subscriber		
Required	NM102	1065	Entity Type Qualifier	M	ID 1/1
			Code qualifying the type of entity		
			INDUSTRY: Entity Type Qualifier		
			1 Person		
			2 Non-Person Entity		
Required	NM103	1035	Name Last or Organization Name	O	AN 1/35
			Individual last name or organizational name		
			ALIAS: Subscriber Last Name		
			NSF Reference: DA0-19.0		
Situatio	NM104	1036	INDUSTRY: Other Insured Last Name Name First	O	AN 1/25
Situatio	NW1104	1030	- 100	U	AN 1/25
			Individual first name		
			Required if NM102=1 (person).		
			ALIAS: Subscriber First Name		
			NSF Reference: DA0-20.0		
			INDUSTRY: Other Insured First Name		
Situatio	NM105	1037	Name Middle	0	AN 1/25
			Individual middle name or initial		
			Required if NM102=1 and the middle name/initial of the pers	on 1s	known.
			ALIAS: Subscriber Middle Name		

NSF Reference: DA0-21.0

DRAFI			INDUSTRY: Other	Insured Middle Name		
Not Used	NM106	1038	Name Prefix		0	AN 1/10
G*4 4*	ND #10#	1020	Prefix to individual	name	•	A 3 1 4 4 0
Situatio	NM107	1039	Name Suffix		0	AN 1/10
			Suffix to individual	name		
			Required if known.			
			Examples: I, II, III,	IV, Jr, Sr		
			ALIAS: Subscriber	Generation		
			NSF Reference: DA	.0-22.0		
Required	NM108	66	INDUSTRY: Other <b>Identification Code</b>	Insured Name Suffix	X	ID 1/2
ricquirea	11111100	00		e system/method of code structure used f		
			Code (67)			
			INDUSTRY: Identi	fication Code Qualifier		
			MI	Member Identification Number		
				The code MI is intended to be the subsc		
				identification number as assigned by the use different terminology to convey the		
				Therefore the 837 Professional Workgro		
				using MI - Member Identification Number		
				following terms: Insured's ID, Subscrib	er's II	O, Health
			ZZ	Insurance Claim Number (HIC), etc.		
			LL	Mutually Defined  The value '77', when used in this data a	Jamas	at chall bo
				The value 'ZZ', when used in this data edefined as "HIPAA Individual Identifies		
				identifier has been adopted. Under the I		
				Portability and Accountability Act of 19		
				of the Department of Health and Human		
				adopt a standard individual identifier for transaction.	. use i	II UIIS
Required	NM109	67	Identification Code		X	AN 2/80
_			Code identifying a p	party or other code		
			ALIAS: Other Subs	criber Primary Identifier		
			NSF Reference: DA	.0-18.0		
	<b></b>	=0.4	INDUSTRY: Other			TD 4/4
Not Used	NM110	706	Entity Relationship		X	ID 2/2
Not II J	NIN/111	00	Code describing ent		0	ID 2/2
Not Used	NM111	98	Entity Identifier C		0	ID 2/3
			code identifying an individual	organizational entity, a physical location	, prop	erty or an

Segment: N2 Additional Other Subscriber Name Information

**Position:** 330

**Loop:** 2330A Optional (Must Use)

Level: Summary Usage: Optional

Max Use: 1

**Purpose:** To specify additional names or those longer than 35 characters in length

Syntax Notes: Semantic Notes: Comments:

**Notes:** Required if the name in NM103 is greater than 35 characters. See example in Loop ID-

1000A Submitter, NM1 and N2 for how to handle long names.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling

COB in the 837.

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Subscriber Additional Name Information	<u>Attr</u> M	ributes AN 1/60
Not Used	N202	93	INDUSTRY: Other Insured Additional Name Name Free-form name	0	AN 1/60

DRAFT

Segment: N3 Other Subscriber Address

**Position:** 332

**Loop:** 2330A Optional (Must Use)

Level: Summary Usage: Optional

Max Use: 1

**Purpose:** To specify the location of the named party

Syntax Notes: Semantic Notes: Comments:

**Notes:** Required when information is available.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling

COB in the 837.

**Data Element Summary** 

ALIAS: Subscriber Address 1

NSF Reference: DA2-04.0

INDUSTRY: Other Insured Address Line

Situatio N302 166 Address Information O AN 1/55

Address information

Required if a second address line exists.

ALIAS: Subscriber Address 2

NSF Reference: DA2-05.0

INDUSTRY: Other Insured Address Line

Segment: N4 Other Subscriber City/State/ZIP Code

**Position:** 340

**Loop:** 2330A Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 1

Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 is required.

**Semantic Notes:** 

Comments: 1 A combination of either N401 through N404, or N405 and N406 may be adequate to

specify a location.

2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** Required when information is available.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

	Ref.	Data			
G*4 4*	Des.	Element	Name		ributes
Situatio	N401	19	City Name	O	AN 2/30
			Free-form text for city name		
			Required when information is available.		
			ALIAS: Subscriber City Name		
			NSF Reference: DA2-06.0		
Situatio	N402	156	INDUSTRY: Other Insured City Name State or Province Code	0	ID 2/2
			Code (Standard State/Province) as defined by appropriate go	vernn	nent agency
			Required when information is available.		
			ALIAS: Subscriber State Code		
			NSF Reference: DA2-07.0		
Situatio	N403	116	INDUSTRY: Other Insured State Code Postal Code	0	ID 3/15
			Code defining international postal zone code excluding punct (zip code for United States) Required when information is available.	uatio	n and blanks
			ALIAS: Subscriber Zip Code		
			NSF Reference: DA2-08.0		
Situatio	N404	26	INDUSTRY: Other Insured Postal Zone or ZIP Code Country Code	0	ID 2/3
			Code identifying the country		
			Required if the address is out of the U.S.		
			ALIAS: Subscriber Country Code		
Not Used	N405	309	INDUSTRY: Country Code  Location Qualifier  Code identifying type of location	X	ID 1/2
			Code identifying type of ideation		

DRAFT

Not Used N406 310 Location Identifier O AN 1/30

Code which identifies a specific location

Segment:  ${f REF}$  Other Subscriber Secondary Identification

**Position:** 355

**Loop:** 2330A Optional (Must Use)

Level: Summary Usage: Optional Max Use: 3

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

1 REF04 contains data relating to the value cited in REF02.

**Notes:** Required if additional identification numbers are necessary to adjudicate the claim/encounter.

ciaim/encounter.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling

COB in the 837.

			Data I	Element Summary		
	Ref.	Data				
	Des.	<u>Element</u>	Name			ributes
Required	REF01	128		ntification Qualifier	M	ID 2/3
			• •	g the Reference Identification		
			INDUSTRY: R	Reference Identification Qualifier		
			1W	Member Identification Number		
				Unique identification number assigned under a subscriber's contract	d to eac	ch member
			23	Client Number		
			IG	This code is intended to be used only to the Indian Health Service/Contract (IHC/CHS) Fiscal Intermediary for the reporting the Health Record Number. Insurance Policy Number	Health	Services
			SY	Social Security Number		
				The social security number may not be Medicare.	e used	for
Required	REF02	127	Reference Ide		X	AN 1/30
			specified by the ALIAS: Other	rmation as defined for a particular Transaction Reference Identification Qualifier Subscriber Secondary Identification Other Insured Additional Identifier	on Set o	or as
Not Used	REF03	352	<b>Description</b>	Julei Insured Additional Identifier	X	AN 1/80
			-	scription to clarify the related data elements	and the	eir content
Not Used	REF04	C040	Reference Ide	-	0	
1100 0000	v ·	0010	To identify one	e or more reference numbers or identification e Reference Qualifier	numb	ers as
Not Used	C04001	128		ntification Qualifier	M	ID 2/3
				g the Reference Identification		
Not Used	C04002	127	Reference Ide	~	M	AN 1/30
				rmation as defined for a particular Transaction Reference Identification Qualifier	n Set o	or as
Not Used	C04003	128		ntification Qualifier	$\mathbf{X}$	ID 2/3
				g the Reference Identification		
Not Used	C04004	127	Reference Ide	<del>-</del>	$\mathbf{X}$	AN 1/30
			Reference info	rmation as defined for a particular Transaction	n Set o	or as

$\mathbf{I}$	I)	Λ	1.7	r
1,	ĸ	А	г	

Not Used	C04005	128	specified by the Reference Identification Qualifier  Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as

Segment: NM1 Other Payer Name

**Position:** 325

**Loop:** 2330B Optional (Must Use)

**Level:** Summary

**Usage:** Optional (Must Use)

Max Use:

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

2 If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

Notes: Submitters are required to send all known information on other payers in this Loop ID-

2330.

This 2330 loop is required when Loop ID-2320 - Other Subscriber Information is used. Otherwise, this loop is not used.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

Ref. Data <u>Des. Element Name</u> <u>Attribu</u>	-4
Des Flement Name Attribu	_4
Required NM101 98 Entity Identifier Code M II	D 2/3
Code identifying an organizational entity, a physical location, propert	ty or an
individual	
INDUSTRY: Entity Identifier Code	
PR Payer	
Required NM102 1065 Entity Type Qualifier M II	D 1/1
Code qualifying the type of entity	
INDUSTRY: Entity Type Qualifier	
2 Non-Person Entity	
Required NM103 1035 Name Last or Organization Name O A	N 1/35
Individual last name or organizational name	
ALIAS: Payer Name	
·	
NSF Reference: DA0-09.0	
INDUSTRY: Other Payer Last or Organization Name	
· · · · · · · · · · · · · · · · · · ·	N 1/25
Individual first name	
Not Used NM105 1037 Name Middle O A	N 1/25
Individual middle name or initial	
Not Used NM106 1038 Name Prefix O A	N 1/10
Prefix to individual name	
	N 1/10
Suffix to individual name	
	D 1/2
Code designating the system/method of code structure used for Identification.	
Code (67)	incation
INDUSTRY: Identification Code Qualifier	
PI Payor Identification	
XV Health Care Financing Administration National	Paver
Identification Number (PAYERID)	ı uyoı
	N 2/80

Code identifying a party or other code

This number must be identical to SVD01 (Loop ID-2430) for COB.

ALIAS: Other Payer Primary Identification Number

NSF Reference: DA0-07.0

INDUSTRY: Other Payer Primary Identifier

Not Used NM110 706 Entity Relationship Code X ID 2/2

Code describing entity relationship

Not Used NM111 98 Entity Identifier Code O ID 2/3

Code identifying an organizational entity, a physical location, property or an

individual

Segment: N2 Additional Other Payer Name Information

**Position:** 330

**Loop:** 2330B Optional (Must Use)

Level: Summary Usage: Optional

Max Use:

**Purpose:** To specify additional names or those longer than 35 characters in length

Syntax Notes: Semantic Notes: Comments:

Notes: Required if the name in NM103 is greater than 35 characters. See example in Loop ID-

1000A Submitter, NM1 and N2 for how to handle long names.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling

COB in the 837.

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Payer Additional Name Information	Attr M	ributes AN 1/60
Not Used	N202	93	INDUSTRY: Other Payer Additional Name Text Name Free-form name	0	AN 1/60

Segment: PER Other Payer Contact Information

**Position:** 345

**Loop:** 2330B Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 2

**Purpose:** To identify a person or office to whom administrative communications should be directed

**Syntax Notes:** 1 If either PER03 or PER04 is present, then the other is required.

- 2 If either PER05 or PER06 is present, then the other is required.
- 3 If either PER07 or PER08 is present, then the other is required.

# **Semantic Notes:** Comments:

Notes:

This segment is used only in payer-to-payer COB situations. This segment may be completed by a payer who has adjudicated the claim and is passing it on to a secondary payer. It is not completed by submitting providers.

When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g., (534) 224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.

There are 2 repetitions of the PER segment to allow for six possible combination of communication numbers including extensions.

		_	Data Eleli	ient Summary		
	Ref. Des.	Data <u>Element</u>	<u>Name</u>			<u>ributes</u>
Required	PER01	366	Contact Function	Code	M	ID 2/2
			Code identifying th	e major duty or responsibility of the person	on or	group named
			INDUSTRY: Conta	act Function Code		
			IC	Information Contact		
Required	PER02	93	Name		O	AN 1/60
			Free-form name			
			INDUSTRY: Other	Payer Contact Name		
Required	PER03	365	Communication N	lumber Qualifier	$\mathbf{X}$	ID 2/2
			Code identifying th	ne type of communication number		
			INDUSTRY: Com	munication Number Qualifier		
			ED	Electronic Data Interchange Access Nu	mber	
			EM	Electronic Mail		
			FX	Facsimile		
			TE	Telephone		
Required	PER04	364	Communication N	lumber	X	AN 1/80
_			Complete commun	ications number including country or area	code	when
			applicable			
			INDUSTRY: Com	munication Number		
Situatio	PER05	365	Communication N	lumber Qualifier	$\mathbf{X}$	ID 2/2
			Code identifying th	ne type of communication number		
			Used at the discreti	on of the submitter.		
			INDUSTRY: Com	munication Number Qualifier		
			ED	Electronic Data Interchange Access Nu	mber	
			EM	Electronic Mail		

1101 Oseu	I LAU)	443	_	ference number or description to clarify a con	_	
Not Used	PER09	443		Communication Number uiry Reference	0	AN 1/20
			applicable Used at the di	iscretion of the submitter.	ea code	when
Situatio	PER08	364	Communicat	tion Number	X	AN 1/80
			TE	Telephone		
			FX	Facsimile		
			EX	Telephone Extension		
			EM	Electronic Mail		
			INDUSTRY: ED	Communication Number Qualifier Electronic Data Interchange Access N	Jumber	
			Used at the d	iscretion of the submitter.		
			Code identify	ring the type of communication number		
Situatio	PER07	365	INDUSTRY: Communication Number Communication Number Qualifier			ID 2/2
			applicable	nmunications number including country or an iscretion of the submitter.	ea code	when
Situatio	PER06	364	Communicat		X	AN 1/80
			TE	Telephone		
			FX	Facsimile		
			EX	Telephone Extension		
DRAFT						

DRAFT

Segment: DTP Claim Adjudication Date

**Position:** 350

**Loop:** 2330B Optional (Must Use)

Level: Summary Usage: Optional

Max Use: 1

Purpose: To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** 

This segment is required when the payer identified in this iteration of the 2330 loop has

previously adjudicated the claim and Loop-ID 2430 (Line Adjudication Information) is

not used.

#### **Data Element Summary**

Required	Ref. <u>Des</u> . DTP01	Data Element 374	Name Date/Time Qualifier	Attı M	ributes ID 3/3
			Code specifying type of date or time, or both date and time	:	
			INDUSTRY: Date Time Qualifier		
			573 Date Claim Paid		
Required	DTP02	1250	Date Time Period Format Qualifier	$\mathbf{M}$	ID 2/3
			Code indicating the date format, time format, or date and ti	me forr	nat
			INDUSTRY: Date Time Period Format Qualifier		
			D8 Date Expressed in Format CCYYMM	DD	
Required	DTP03	1251	Date Time Period	$\mathbf{M}$	AN 1/35
			Expression of a date, a time, or range of dates, times or dat	es and	times
			NSF Reference: DA1-27.0		

INDUSTRY: Adjudication or Payment Date

Segment: REF Other Payer Secondary Identifier

**Position:** 355

**Loop:** 2330B Optional (Must Use)

Level: Summary
Usage: Optional

Max Use: 2

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

**Notes:** 

REF04 contains data relating to the value cited in REF02.

Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.

Used when it is necessary to identify the 'other' payer's claim number in a payer-to-payer COB situation (use code F8). Code F8 is not used by providers.

There can only be a maximum of three REF segments in any one iteration of the 2330 loop.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

			Data Elem	ent Summary				
Dogwinod	Ref. Des.	Data Element	Name Deference Identific	oation Ovelifion		ibutes		
Required	REF01	128	Reference Identifie	•	M	ID 2/3		
				Code qualifying the Reference Identification				
				ence Identification Qualifier				
			2U	Payer Identification Number				
			F8	Original Reference Number				
			EV.	Use to indicate the payer's claim number the payer identified in this iteration of the payer identified in this iteration of the payer identified in this iteration of the payer identified in this iteration of the payer is a payer in the payer.				
			FY	Claim Office Number				
			NF	The identification of the specific payer's location designated as responsible for the submitted claim National Association of Insurance Commissioners				
			(NAIC) Code					
			A unique number assigned to each insurance company					
			TJ	Federal Taxpayer's Identification Numb				
Required	REF02	127	Reference Identific		X	AN 1/30		
				on as defined for a particular Transaction ference Identification Qualifier	Set o	or as		
			The DA3-29.0 cross	swalk is only used in payer-to-payer COI	3 situa	ations.		
			NSF Reference: DA	x3-29.0				
Not Used	REF03	352	INDUSTRY: Other <b>Description</b>	Payer Secondary Identifier	X	AN 1/80		
			A free-form descrip	tion to clarify the related data elements as	nd the	ir content		
Not Used	REF04	C040	Reference Identific	•	O			
			To identify one or respecified by the Ref	nore reference numbers or identification is	numbe	ers as		
Not Used	C04001	128	Reference Identific	cation Qualifier	$\mathbf{M}$	ID 2/3		
			Code qualifying the	Reference Identification				

DRAFT					
Not Used	C04002	127	Reference Identification	$\mathbf{M}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	on Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	on Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	on Set o	or as

Segment:  ${f REF}$  Other Payer Prior Authorization or Referral Number

**Position:** 355

**Loop:** 2330B Optional (Must Use)

Level: Summary Usage: Optional

Max Use: 2

**Notes:** 

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

1 REF04 contains data relating to the value cited in REF02.

Used when the payer identified in this loop has given a prior authorization or referral number to this claim. This element is primarily used in payer-to-payer COB situations.

There can only be a maximum of three REF segments in any one iteration of the 2330 loop.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

			Data Eleme	nt Summary			
	Ref.	Data					
	Des.	Element 120	Name Name			ributes	
Required	REF01	128	Reference Identifica		M	ID 2/3	
				Reference Identification			
			INDUSTRY: Referen	nce Identification Qualifier			
			9F	Referral Number			
			G1	Prior Authorization Number			
				An authorization number acquired prior	to the	e submission	
				of a claim			
Required	REF02	127	Reference Identifica	··	X	AN 1/30	
				n as defined for a particular Transaction	Set o	or as	
				rence Identification Qualifier		_	
NI 4 TI 1	DEE02	252		Payer Prior Authorization or Referral Nu			
Not Used	REF03	352	•	Description		X AN 1/80	
	DEE0.4	G0.40	=	A free-form description to clarify the related data elements and their cont  Reference Identifier  O			
Not Used	REF04	C040		Reference Identifier			
				To identify one or more reference numbers or identification numbers as			
Not Used	C04001	128	specified by the Refe Reference Identifica		M	ID 2/3	
Not Oseu	C04001	120		•	171	ID 2/3	
Not Used	C04002	127	Reference Identifica	Reference Identification	M	AN 1/30	
Not Usea	C04002	147					
				n as defined for a particular Transaction rence Identification Qualifier	Set c	or as	
Not Used	C04003	128	Reference Identifica	-	X	ID 2/3	
1100 0500	C01000	120		Reference Identification		12 2/0	
Not Used	C04004	127	Reference Identifica		X	AN 1/30	
not escu	C04004	127		n as defined for a particular Transaction			
				rence Identification Qualifier	SCI C	n as	
Not Used	C04005	128	Reference Identifica		$\mathbf{X}$	ID 2/3	
				Reference Identification			
Not Used	C04006	127	Reference Identifica		X	AN 1/30	
-			Reference informatio	n as defined for a particular Transaction	Set o	or as	
				rence Identification Qualifier			
			•				

Segment: REF Other Payer Claim Adjustment Indicator

**Position:** 355

**Loop:** 2330B Optional (Must Use)

Level: Summary
Usage: Optional

Max Use: 2

**Notes:** 

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

Semantic Notes: Comments: 1 REF04 contains data relating to the value cited in REF02.

Used only in payer-to-payer COB. In that situation, the destination payer is secondary to the payer identified in this loop. Providers/other submitters do not use this segment.

Required when the payer identified in this loop has previously paid this claim and has indicated so to the destination payer. In this case the payer identified in this loop has readjudicated the claim and is sending the adjusted payment information to the destination payer. This REF segment is used to indicate that this claim is an adjustment of a previously adjudicated claim. If the claim has not been previously adjudicated this REF is not used.

There can only be a maximum of three REF segments in any one iteration of the 2330 loop.

			Data Element Summary			
	Ref.	Data				
	Des.	<u>Element</u>	Name		<u>ributes</u>	
Required	REF01	128	Reference Identification Qualifier	M	ID 2/3	
			Code qualifying the Reference Identification			
			INDUSTRY: Reference Identification Qualifier			
			T4 Signal Code			
			Defense Fuel Supply Center to bill bact the appropriate service or agency accou		•	
Required	REF02	127	Reference Identification	$\mathbf{X}$	AN 1/30	
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier Allowable values are "Y" indicating that the payer in this local adjudicated this claim and sent a record of that adjudication in payer identified in the 2010BB loop. The claim being transmiteration of the 2300 loop is a re-adjudicated version of that of NSF Reference: DA3-24.0	op has to the nitted i	previously destination	
			INDUSTRY: Other Payer Claim Adjustment Indicator			
Not Used	REF03	352	Description	X	AN 1/80	
			A free-form description to clarify the related data elements a	nd the	eir content	
Not Used	REF04	C040	Reference Identifier	O		
			To identify one or more reference numbers or identification a specified by the Reference Qualifier	numbe	ers as	
Not Used	C04001	128	Reference Identification Qualifier	$\mathbf{M}$	ID 2/3	
			Code qualifying the Reference Identification			
Not Used	C04002	127	Reference Identification	$\mathbf{M}$	AN 1/30	
Not Used	C04003	128	Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier <b>Reference Identification Qualifier</b>	Set o	or as ID 2/3	
1101 OSCU	204003	120	_	41	11 210	
			Code qualifying the Reference Identification			

DRAFT					
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transacti specified by the Reference Identification Qualifier		
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transacti specified by the Reference Identification Qualifier	on Set o	or as

Segment: NM1 Other Payer Patient Information

**Position:** 325

**Notes:** 

Loop: 2330C Optional

Level: Summary
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

2 If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

Required when it is necessary, in COB situations, to send one or more payer-specific patient identification numbers. The patient identification number(s) carried in this iteration of the 2330 loop are those patient ID's which belong to non-destination (COB) payers. The patient ID(s) forr the destination payer are carried in the 2010CA loop NM1 and REF segments. See Section 1.4.5 Crosswalking COB Data Elements for more information on handling non-destination payer patient identifiers and other COB elements.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

	Ref.	Data	Data Element Summary		
	Rei. Des.	Data Element	Name	A +++	ributes
Required	<u>Des.</u> NM101	98	Entity Identifier Code	M	ID 2/3
•			Code identifying an organizational entity, a physical	location, proj	perty or an
			individual	, , ,	
			INDUSTRY: Entity Identifier Code		
			QC Patient		
			Individual receiving medical ca	are	
Required	NM102	1065	Entity Type Qualifier	$\mathbf{M}$	<b>ID</b> 1/1
			Code qualifying the type of entity		
			INDUSTRY: Entity Type Qualifier		
			1 Person		
Required	NM103	1035	Name Last or Organization Name	O	AN 1/35
			Individual last name or organizational name		
			ALIAS: Patient Last Name		
			INDUCTORY D.C. ( I , N		
Not Used	NM104	1036	INDUSTRY: Patient Last Name Name First	0	AN 1/25
Not Oseu	14111104	1030	Individual first name	U	AN 1/23
Not Used	NM105	1037	Name Middle	0	AN 1/25
Not Useu	MMIIUS	1037	Individual middle name or initial	O	AN 1/25
Not Used	NM106	1038	Name Prefix	0	AN 1/10
Not Oseu	14171100	1030	Prefix to individual name	O	AN 1/10
Not Used	NM107	1039	Name Suffix	0	AN 1/10
Not Oseu	INITIU/	1039	Suffix to individual name	U	AN 1/10
Required	NM108	66	Identification Code Qualifier	X	ID 1/2
Kequirea	INIVITUO	00	Code designating the system/method of code structu		
			Code (67)	re used for id	enuncation
			INDUSTRY: Identification Code Qualifier		
			MI Member Identification Number		
			The code MI is intended to be t	he subscriber'	S

identification number as assigned by the payer. Payers use different terminology to convey the same number. Therefore the 837 Professional Workgroup recommends using MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Health Insurance Claim Number (HIC), etc.

			,		,
			Insurance Claim Number (HIC), etc.		
Required	NM109	67	Identification Code	X	AN 2/80
			Code identifying a party or other code		
			ALIAS: Patient's Other Payer Primary Identification Number	ε	
Not Used	NM110	706	INDUSTRY: Other Payer Patient Primary Identifier Entity Relationship Code	X	ID 2/2
			Code describing entity relationship		
Not Used	NM111	98	Entity Identifier Code	O	ID 2/3
			Code identifying an organizational entity, a physical location individual	, proj	perty or an

 ${f REF}$  Other Payer Patient Identification **Segment:** 

**Position:** 355

2330C Loop: Optional

Level: Summary **Usage:** Optional Max Use:

**Purpose:** To specify identifying information

At least one of REF02 or REF03 is required. **Syntax Notes:** 

> If either C04003 or C04004 is present, then the other is required. If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:** 

**Notes:** 

REF04 contains data relating to the value cited in REF02.

Used when a COB payer (listed in 2330B loop) has one or more proprietary patient identification numbers for this claim. The patient (name, DOB, etc) is identified in the 2010BA or 2010CA loop.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

			Data 1	Element Summary		
Required	Ref. <u>Des</u> . REF01	Data <u>Element</u> 128	<u>Name</u> Reference Ide	entification Qualifier	<u>Att</u> M	ributes ID 2/3
2104411104	1121 01	120		ng the Reference Identification	-:-	12 2,0
				Reference Identification Qualifier		
			1W	Member Identification Number		
				Unique identification number assigne under a subscriber's contract If NM108 = M1 do not use this code.		ch member
			23	Client Number		
			IG	This code is intended to be used only to the Indian Health Service/Contract (IHC/CHS) Fiscal Intermediary for the reporting the Health Record Number Insurance Policy Number	t Health ne purpo	Services
			SY	Social Security Number		
				Do not use for Medicare.		
Required	REF02	127	Reference Ide	entification	X	AN 1/30
			specified by th	ormation as defined for a particular Transaction Reference Identification Qualifier at's Other Payer Secondary Identifier	on Set	or as
			INDUSTRY: 0	Other Payer Patient Secondary Identifier		
Not Used	REF03	352	Description		X	AN 1/80
			A free-form de	escription to clarify the related data elements	and th	eir content
Not Used	REF04	C040	Reference Ide	entifier	0	
				e or more reference numbers or identificatio	n numb	ers as
Not Used	C04001	128		ne Reference Qualifier entification Qualifier	M	ID 2/3
Not Oseu	C04001	120		•	IVI	ID 2/3
Not Used	C04002	127	Reference Ide	ng the Reference Identification	M	AN 1/30
Not Osea	C04002	127		ormation as defined for a particular Transacti		
				ne Reference Identification Qualifier	.on bet	or as
Not Used	C04003	128		entification Qualifier	X	ID 2/3
			Code qualifyir	ng the Reference Identification		
Not Used	C04004	127	Reference Ide	entification	X	AN 1/30
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			Reference information as defined for a particular Transacti specified by the Reference Identification Qualifier	ion Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transacti specified by the Reference Identification Qualifier	ion Set o	or as

Segment: NM1 Other Payer Referring Provider

**Position:** 325

Loop: 2330D Optional

Level: Summary
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

**Notes:** Used when it is necessary to send an additional payer-specific provider identification

number for non-destination (COB) payers.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

			Data	Element Summary		
Required	Ref. <u>Des.</u> NM101	Data Element 98	<u>Name</u> Entity Identi	ifier Code	Attı M	ributes ID 2/3
			Code identify	ring an organizational entity, a physical loca	tion, prop	perty or an
			individual			
				Entity Identifier Code		
			DN	Referring Provider	.01	
				Use on first iteration of this loop. Us once.	se if loop	is used only
			P3	Primary Care Provider		
				Physician that is selected by the insu	ired to pr	rovide
				medical care		
				Use only if loop is used twice. Use of iteration of this loop.	only on s	econd
Required	NM102	1065	<b>Entity Type</b>	Qualifier	M	<b>ID</b> 1/1
			Code qualify	ing the type of entity		
			INDUSTRY:	Entity Type Qualifier		
			1	Person		
			2	Non-Person Entity		
Required	NM103	1035	Name Last o	or Organization Name	O	AN 1/35
			Individual las	st name or organizational name		
			ALIAS: Refe	erring Provider Last Name		
Not Used	NM104	1036	INDUSTRY: Name First	Referring Provider Last Name	0	AN 1/25
			Individual fir	est name		
Not Used	NM105	1037	Name Middl	e	O	AN 1/25
			Individual mi	iddle name or initial		
Not Used	NM106	1038	Name Prefix		O	AN 1/10
			Prefix to indi	vidual name		
Not Used	NM107	1039	Name Suffix	X.	O	AN 1/10
			Suffix to indi	vidual name		
Not Used	NM108	66	Identification	n Code Qualifier	X	ID 1/2
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DΚ	А	г	1

			Code designating the system/method of code structure used f Code (67)	or Id	entification
Not Used	NM109	67	<b>Identification Code</b>	X	AN 2/80
			Code identifying a party or other code		
Not Used	NM110	706	Entity Relationship Code	X	ID 2/2
			Code describing entity relationship		
Not Used	NM111	98	Entity Identifier Code	O	ID 2/3
			Code identifying an organizational entity, a physical location individual	, prop	perty or an

Segment:  ${f REF}$  Other Payer Referring Provider Identification

**Position:** 355

Loop: 2330D Optional

**Level:** Summary

Usage: Optional (Must Use)

Max Use: 3

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

If either C04003 or C04004 is present, then the other is required.
If either C04005 or C04006 is present, then the other is required.

1 REF04 contains data relating to the value cited in REF02.

**Semantic Notes:** Comments:

**Notes:** Non-destination (COB) payers' provider identification number(s).

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

			Data El	lement Summary		
	Ref.	Data				
	Des.	Element	<u>Name</u>			<u>ributes</u>
Required	REF01	128		tification Qualifier	M	ID 2/3
			Code qualifying	the Reference Identification		
			INDUSTRY: Re	eference Identification Qualifier		
			1B	Blue Shield Provider Number		
			1C	Medicare Provider Number		
			1D	Medicaid Provider Number		
			EI	Employer's Identification Number		
			G2	Provider Commercial Number		
				A unique number assigned to a provide	r by a	commercial
				insurer		
			LU	Location Number		
			N5	Provider Plan Network Identification N		
				A number assigned to identify a specif	ic pro	vider in a
Required	REF02	127	Reference Iden	health care plan network	X	AN 1/30
Required	KEF 02	147				
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier			
				Payer Referring Provider Identification		
				ther Payer Referring Provider Identifier		
Not Used	REF03	352	Description		X	AN 1/80
				cription to clarify the related data elements a		eir content
Not Used	REF04	C040	Reference Iden	tifier	O	
			•	or more reference numbers or identification	numbe	ers as
No4 Tined	C04001	120		Reference Qualifier	N	ID 2/2
Not Used	C04001	128		tification Qualifier	M	ID 2/3
NI ATI I	C0 4002	105		the Reference Identification	3.6	A NI 1/20
Not Used	C04002	127	Reference Iden	···	M	AN 1/30
				nation as defined for a particular Transaction	n Set o	or as
Not Used	C04003	128		Reference Identification Qualifier tification Qualifier	X	ID 2/3
Not Oscu	C04003	120		the Reference Identification	21	10 2/3
Not Used	C04004	127	Reference Iden		X	AN 1/30
1101 Oscu	C07007	14/		nation as defined for a particular Transaction		
				Reference Identification Qualifier	ı bet (	n as
			specified by the	Total and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat		

DRAFT Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transacti	on Set	or as
			specified by the Reference Identification Qualifier		

NM1 Other Payer Rendering Provider **Segment:** 

**Position:** 325

> 2330E Loop: Optional

Level: Summary Usage: Optional Max Use:

**Purpose:** To supply the full name of an individual or organizational entity If either NM108 or NM109 is present, then the other is required. **Syntax Notes:** 

If NM111 is present, then NM110 is required.

**Semantic Notes:** NM102 qualifies NM103.

**Comments:** NM110 and NM111 further define the type of entity in NM101.

**Notes:** Used when it is necessary to send an additional payer-specific provider identification

number for non-destination (COB) payers.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

# Data Floment Summary

Data Element Summary							
	Ref.	Data	N.		•1		
Required	<u>Des.</u> NM101	Element 98	Name Entity Identifier Code	Atti M	ributes ID 2/3		
Required	14141101	70	Code identifying an organizational entity, a physical location				
			individual	, prop	ocity of an		
			INDUSTRY: Entity Identifier Code				
			82 Rendering Provider				
Required	NM102	1065	Entity Type Qualifier	M	<b>ID</b> 1/1		
			Code qualifying the type of entity				
			INDUSTRY: Entity Type Qualifier				
			1 Person				
			2 Non-Person Entity				
Required	NM103	1035	Name Last or Organization Name	O	AN 1/35		
			Individual last name or organizational name				
			INDUSTRY: Rendering Provider Last or Organization Nam	e			
Not Used	NM104	1036	Name First	O	AN 1/25		
			Individual first name				
Not Used	NM105	1037	Name Middle	O	AN 1/25		
			Individual middle name or initial				
Not Used	NM106	1038	Name Prefix	O	AN 1/10		
			Prefix to individual name				
Not Used	NM107	1039	Name Suffix	O	AN 1/10		
			Suffix to individual name				
Not Used	NM108	66	Identification Code Qualifier	$\mathbf{X}$	ID 1/2		
			Code designating the system/method of code structure used	or Id	entification		
<b>.</b>	NIN #4.00	<b>.</b> =	Code (67)	<b>T</b> 7	4 N. O. (O.O.		
Not Used	NM109	67	Identification Code	X	AN 2/80		
	<b>373.544.0</b>	=0.4	Code identifying a party or other code		TD 4/4		
Not Used	NM110	706	Entity Relationship Code	X	ID 2/2		
NI 4 TI 1	NIN#114	00	Code describing entity relationship	0	ID 2/2		
Not Used	NM111	98	Entity Identifier Code	О	ID 2/3		
			Code identifying an organizational entity, a physical location	, prop	perty or an		

DRAFT

individual

Segment:  ${f REF}$  Other Payer Rendering Provider Secondary Identification

**Position:** 355

Loop: 2330E Optional

**Level:** Summary

Usage: Optional (Must Use)

Max Use: 3

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

If either C04003 or C04004 is present, then the other is required.
If either C04005 or C04006 is present, then the other is required.

1 REF04 contains data relating to the value cited in REF02.

**Semantic Notes:** Comments:

**Notes:** Non-destination (COB) payers' provider identification number(s).

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

		Data El	lement Summary			
Ref.	Data					
Des.	Element				<u>ributes</u>	
REF01	128		•	M	ID 2/3	
		Code qualifying	the Reference Identification			
		INDUSTRY: Re	eference Identification Qualifier			
		1B	Blue Shield Provider Number			
		1C	Medicare Provider Number			
		1D	Medicaid Provider Number			
		EI	Employer's Identification Number			
		G2	Provider Commercial Number			
			A unique number assigned to a provide	er by a	commercial	
			insurer			
			_ , , , , , , , , , , , , , , , , , , ,			
		N5				
				ic prov	vider in a	
RFF02	127	Reference Iden	<u> •</u>	v	AN 1/30	
KLI 02	127					
DEE03	252		her Payer Rendering Provider Secondary Id			
REF03	352	-			AN 1/80	
D = = 0.4	G0.40				eir content	
REF04	C040			_		
		•		numbe	ers as	
C04001	128			М	ID 2/3	
C04001	120		•	111	10 2/3	
C04002	127			м	AN 1/30	
C04002	127					
				ıı set c	н аѕ	
C04003	128			$\mathbf{X}$	<b>ID</b> 2/3	
		Code qualifying	the Reference Identification			
C04004	127			$\mathbf{X}$	AN 1/30	
		Reference inform	nation as defined for a particular Transaction	n Set c	or as	
		specified by the	Reference Identification Qualifier			
	REF01  REF02  REF03  REF04  C04001  C04002  C04003	Des. REF01         Element 128           REF02         127           REF03         352           REF04         C040           C04001         128           C04002         127           C04003         128	Ref. Data  Des. Element REF01 128 Reference Iden Code qualifying INDUSTRY: Ref 1B 1C 1D EI G2  LU N5  REF02 127 Reference Iden Reference inforr specified by the Other Payer Rer  INDUSTRY: Or A free-form deso REF04 C040 Reference Iden To identify one specified by the C04001 128 Reference Iden Code qualifying C04002 127 Reference Iden Reference inforr specified by the Code qualifying C04004 127 Reference Iden Code qualifying Code qualifying Code qualifying Code qualifying Code qualifying Code qualifying Code qualifying Code qualifying Code qualifying Code qualifying Code qualifying Code qualifying Code qualifying Code qualifying Code qualifying Code qualifying Code qualifying Code qualifying Code qualifying Code qualifying Code qualifying Code qualifying Code qualifying Code qualifying Code qualifying Code qualifying Code qualifying Code qualifying	Des.   Element   Reformer   Reference Identification Qualifier	Ref. Des. Des. Des. Element         Name         Attr           REF01         128         Reference Identification Qualifier         M           Code qualifying the Reference Identification INDUSTRY: Reference Identification Qualifier         1B         Blue Shield Provider Number           1C         Medicare Provider Number         1D         Medicard Provider Number           1D         Medicard Provider Number         EI         Employer's Identification Number           62         Provider Commercial Number         A unique number assigned to a provider by a insurer           LU         Location Number         No           N5         Provider Plan Network Identification Number         A number assigned to identify a specific providealth care plan network           REF02         127         Reference Identification         X           Reference information as defined for a particular Transaction Set of specified by the Reference Identification Qualifier         X           REF03         352         Description         X           REF04         C040         Reference Identification to clarify the related data elements and the specified by the Reference Qualifier         O           C04001         128         Reference Identification Qualifier         M           C04002         127         Reference Identification Qualifier         M<	

DRAFT <b>Not Used</b>	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction	on Set o	or as
			specified by the Reference Identification Qualifier		

NM1 Other Payer Purchased Service Provider **Segment:** 

**Position:** 325

2330F Loop: Optional

Level: Summary Usage: Optional Max Use:

**Purpose:** To supply the full name of an individual or organizational entity If either NM108 or NM109 is present, then the other is required. **Syntax Notes:** 

If NM111 is present, then NM110 is required.

**Semantic Notes:** NM102 qualifies NM103.

NM110 and NM111 further define the type of entity in NM101. **Comments:** 

Because the usage of this segment is "Situational" this is not a syntactically required **Notes:** loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

> Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

			<b>Data Element Summary</b>		
	Ref. <u>Des.</u>	Data Element	Name	Δttr	<u>ributes</u>
Required	<u>BC3.</u> NM101	98	Entity Identifier Code	M	ID 2/3
_			Code identifying an organizational entity, a physical location,	prop	erty or an
			individual		
			INDUSTRY: Entity Identifier Code		
			QB Purchase Service Provider		
			Entity from which medical supplies may		•
Required	NM102	1065	Entity Type Qualifier	M	ID 1/1
			Code qualifying the type of entity		
			INDUSTRY: Entity Type Qualifier		
			1 Person		
			2 Non-Person Entity		
Required	NM103	1035	Name Last or Organization Name	$\mathbf{o}$	AN 1/35
			Individual last name or organizational name		
			ALIAS: Purchased Service Provider Name		
NT / TT   T	NT 5104	1026	INDUSTRY: Purchased Service Provider Name	_	A 3.7 d /0.5
Not Used	NM104	1036	Name First	0	AN 1/25
			Individual first name	_	
Not Used	NM105	1037	Name Middle	O	AN 1/25
			Individual middle name or initial		
Not Used	NM106	1038	Name Prefix	O	AN 1/10
			Prefix to individual name		
Not Used	NM107	1039	Name Suffix	O	AN 1/10
			Suffix to individual name		
Not Used	NM108	66	Identification Code Qualifier	$\mathbf{X}$	ID 1/2
			Code designating the system/method of code structure used for	or Ide	entification
			Code (67)		
Not Used	NM109	67	Identification Code	X	AN 2/80
			Code identifying a party or other code		
Not Used	NM110	706	Entity Relationship Code	$\mathbf{X}$	ID 2/2
			Code describing entity relationship		
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DRAFT

Not Used NM111 98 Entity Identifier Code

Code identifying an organizational entity, a physical location, property or an individual

O ID 2/3

Segment:  ${f REF}$  Other Payer Purchased Service Provider Identification

**Position:** 355

Loop: 2330F Optional

Level: Summary

Usage: Optional (Must Use)

Max Use: 3

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

tes: 1 REF04 contains data relating to the value cited in REF02.

**Notes:** Non-destination (COB) payers' provider identification number(s).

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

	Ref.	Data	Data Elei	ment Summary			
	Des.	Element	Name		Attı	ributes	
Required	REF01	128	Reference Identif	ication Qualifier	M	ID 2/3	
•				Code qualifying the Reference Identification			
				erence Identification Qualifier			
			1A				
			1B	Blue Shield Provider Number			
			1C	Medicare Provider Number			
			1D	Medicaid Provider Number			
			EI	Employer's Identification Number			
			G2	Provider Commercial Number			
				A unique number assigned to a provide insurer	r by a	commercial	
			LU	Location Number			
			N5	Provider Plan Network Identification N	lumbe	r	
				A number assigned to identify a specific health care plan network	ic pro	vider in a	
Required	REF02	127	Reference Identif	•	$\mathbf{X}$	AN 1/30	
			specified by the R	ation as defined for a particular Transaction eference Identification Qualifier hased Service Provider Identification	Set o	or as	
				er Payer Purchased Service Provider Identi			
Not Used	REF03	352	Description		X	AN 1/80	
		~~.		ption to clarify the related data elements a		eir content	
Not Used	REF04	C040	Reference Identif		0		
			specified by the R	more reference numbers or identification	numb	ers as	
Not Used	C04001	128	Reference Identif		M	ID 2/3	
				ne Reference Identification			
Not Used	C04002	127	Reference Identif		M	AN 1/30	
				tion as defined for a particular Transaction eference Identification Qualifier	Set o	or as	
Not Used	C04003	128	Reference Identif		$\mathbf{X}$	ID 2/3	
			Code qualifying th	ne Reference Identification			
Not Used	C04004	127	Reference Identif	ication	X	AN 1/30	
			Reference informa	tion as defined for a particular Transaction	Set o	or as	

$\mathbf{I}$	I)	Λ	1.7	r
1,	ĸ	А	г	

Not Used	C04005	128	specified by the Reference Identification Qualifier Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as

Segment: NM1 Other Payer Service Facility Location

**Position:** 325

Ref.

Loop: 2330G Optional

Level: Summary
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

2 If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

Data

Marra

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

**Notes:** Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

A ttributos

Required	<u>Des.</u> NM101	Element 98	<u>Name</u> Entity Identifi	ier Code	<u>Attr</u> M	<u>ributes</u> ID 2/3
210401100	1111202	70	•	ng an organizational entity, a physical loca	ation, prop	
			individual		7 1	•
			INDUSTRY: H	Entity Identifier Code		
			77	Service Location		
				Use when other codes in this eleme	ent do not	apply.
			FA	Facility		
			LI	Independent Lab		
				Outside laboratory which provides	test result	s for entity
				providing medical services		
			TL	Testing Laboratory		
Required	NM102	1065	Entity Type C	<b>Qualifier</b>	$\mathbf{M}$	ID 1/1
			Code qualifyin	ig the type of entity		
			INDUSTRY: E	Entity Type Qualifier		
			2	Non-Person Entity		
Required	NM103	1035	Name Last or	Organization Name	O	AN 1/35
			Individual last	name or organizational name		
			ALIAS: Service	ce Facility Name		
			INDUSTRY: S	Service Facility Name		
Not Used	NM104	1036	Name First	•	O	AN 1/25
			Individual first	name		
Not Used	NM105	1037	Name Middle		O	AN 1/25
			Individual mid	dle name or initial		
Not Used	NM106	1038	Name Prefix		O	AN 1/10
			Prefix to indiv	idual name		
Not Used	NM107	1039	Name Suffix		O	AN 1/10
			Suffix to indiv	idual name		
Not Used	NM108	66	Identification	Code Qualifier	$\mathbf{X}$	ID 1/2
				ing the system/method of code structure us	sed for Ide	entification
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DRAFT					
Not Used	NM109	67	Identification Code	$\mathbf{X}$	AN 2/80
			Code identifying a party or other code		
Not Used	NM110	706	Entity Relationship Code	X	ID 2/2
			Code describing entity relationship		
Not Used	NM111	98	Entity Identifier Code	O	ID 2/3
			Code identifying an organizational entity, a physical location individual	ı, proj	perty or an

Segment:  ${f REF}$  Other Payer Service Facility Location Identification

**Position:** 355

Loop: 2330G Optional

Level: Summary

Usage: Optional (Must Use)

Max Use: 3

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

If either C04003 or C04004 is present, then the other is required.
If either C04005 or C04006 is present, then the other is required.

**Comments:** 

**Notes:** Non-destination (COB) payers' provider identification number(s).

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

			Data E	lement Summary		
	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>			<u>ributes</u>
Required	REF01	128	Reference Ider	tification Qualifier	M	ID 2/3
			Code qualifying	g the Reference Identification		
			INDUSTRY: R	eference Identification Qualifier		
			1A	Blue Cross Provider Number		
			1B	Blue Shield Provider Number		
			1C	Medicare Provider Number		
			1D	Medicaid Provider Number		
			G2	Provider Commercial Number		
				A unique number assigned to a provide	r by a	commercial
				insurer		
			LU	Location Number		
			N5	Provider Plan Network Identification N		
				A number assigned to identify a specifi	c pro	vider in a
Required	REF02	127	Reference Iden	health care plan network	X	AN 1/30
Requireu	KEFU2	14/				
				mation as defined for a particular Transaction Reference Identification Qualifier	i sei (	n as
				Payer Service Facility Location Identification	1	
				·		
				ther Payer Service Facility Location Identifie		
Not Used	REF03	352	Description		X	AN 1/80
				cription to clarify the related data elements a		eir content
Not Used	REF04	C040	Reference Iden		O	
				or more reference numbers or identification	numb	ers as
Not Used	C04001	128		Reference Qualifier	M	ID 2/3
Not Oscu	C04001	120		g the Reference Identification	141	10 2/3
Not Used	C04002	127	Reference Ider		М	AN 1/30
Not escu	C04002	127		mation as defined for a particular Transaction		
				Reference Identification Qualifier	ı sei (	n as
Not Used	C04003	128		ntification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying	g the Reference Identification		
Not Used	C04004	127	Reference Iden		$\mathbf{X}$	AN 1/30
			Reference infor	mation as defined for a particular Transaction	Set o	or as
			specified by the	Reference Identification Qualifier		

DRAFT <b>Not Used</b>	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction	on Set o	or as
			specified by the Reference Identification Qualifier		

NM1 Other Payer Supervising Provider **Segment:** 

**Position:** 325

> 2330H Loop: Optional

Level: Summary Usage: Optional Max Use:

**Purpose:** To supply the full name of an individual or organiz ational entity If either NM108 or NM109 is present, then the other is required. **Syntax Notes:** 

If NM111 is present, then NM110 is required.

**Semantic Notes:** NM102 qualifies NM103.

NM110 and NM111 further define the type of entity in NM 101. **Comments:** 

Because the usage of this segment is "Situational" this is not a syntactically required **Notes:** loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for

further details on ASC X12 syntax rules.

Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

			Data Element Summary		
Required	Ref. <u>Des</u> . NM101	Data Element 98	<u>Name</u> Entity Identifier Code	Att	ributes ID 2/3
			Code identifying an organizational entity, a physical location	, pro	perty or an
			individual		
			INDUSTRY: Entity Identifier Code		
D : 1	ND #102	1065	DQ Supervising Physician	3.6	ID 1/1
Required	NM102	1065	Entity Type Qualifier	M	ID 1/1
			Code qualifying the type of entity		
			INDUSTRY: Entity Type Qualifier		
		100=	1 Person		
Required	NM103	1035	Name Last or Organization Name	O	AN 1/35
			Individual last name or organizational name		
			ALIAS: Supervising Provider Last Name		
			INDUSTRY: Supervising Provider Last Name		
Not Used	NM104	1036	Name First	O	AN 1/25
			Individual first name		
Not Used	NM105	1037	Name Middle	0	AN 1/25
			Individual middle name or initial		
Not Used	NM106	1038	Name Prefix	O	AN 1/10
			Prefix to individual name		
Not Used	NM107	1039	Name Suffix	O	AN 1/10
			Suffix to individual name		
Not Used	NM108	66	Identification Code Qualifier	$\mathbf{X}$	ID 1/2
			Code designating the system/method of code structure used to	or Id	entification
	<b>373</b> #400		Code (67)		
Not Used	NM109	67	Identification Code	X	AN 2/80
			Code identifying a party or other code		
Not Used	NM110	706	Entity Relationship Code	X	ID 2/2
			Code describing entity relationship	_	
Not Used	NM111	98	Entity Identifier Code	O	ID 2/3
D02777401 (0	0.401.037.000		Code identifying an organizational entity, a physical location		•
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individual

Segment:  ${f REF}$  Other Payer Supervising Provider Identification

**Position:** 355

Loop: 2330H Optional

Level: Summary

Usage: Optional (Must Use)

Max Use: 3

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

If either C04003 or C04004 is present, then the other is required.
If either C04005 or C04006 is present, then the other is required.

1 REF04 contains data relating to the value cited in REF02.

**Semantic Notes:** Comments:

**Notes:** Non-destination (COB) payers' provider identification number(s).

See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.

	Ref.	Data	Data Elem	ient Summary		
	Des.	Element	Name		Δttı	ributes
Required	<u>BES.</u> REF01	128	Reference Identifi	cation Qualifier	M	ID 2/3
•				e Reference Identification		
				rence Identification Qualifier		
			1B	Blue Shield Provider Number		
			1C	Medicare Provider Number		
			1D	Medicaid Provider Number		
			EI	Employer's Identification Number		
			G2	Provider Commercial Number		
				A unique number assigned to a provide	r by a	commercial
				insurer	•	
			N5	Provider Plan Network Identification N	lumbe	r
				A number assigned to identify a specific	c pro	vider in a
D	DEE02	105	D.C I.I4'6'	health care plan network	<b>3</b> 7	A NI 1/20
Required	REF02	127	Reference Identifi		X	AN 1/30
				ion as defined for a particular Transaction	i Set o	or as
				ference Identification Qualifier er Supervising Provider Identification		
			TIEITIS. Other Tuy	Supervising Frovider Identification		
			INDUSTRY: Other	Payer Supervising Provider Identifier		
Not Used	REF03	352	Description		X	AN 1/80
			•	otion to clarify the related data elements a	nd the	eir content
Not Used	REF04	C040	Reference Identifi	er	O	
			-	more reference numbers or identification	numb	ers as
Not Used	C04001	128	specified by the Re		M	ID 2/2
Not Usea	C04001	128	Reference Identifi	_	M	ID 2/3
No4 Hood	C04003	127	Reference Identifi	e Reference Identification	M	A NI 1/20
Not Used	C04002	127			M	AN 1/30
				ion as defined for a particular Transactior ference Identification Qualifier	i Set (	or as
Not Used	C04003	128	Reference Identifi		X	ID 2/3
1100 0000	00.000	120		e Reference Identification		12 2/0
Not Used	C04004	127	Reference Identifi		X	AN 1/30
1100 0500	C01001	12,		ion as defined for a particular Transaction		
				ference Identification Qualifier		
Not Used	C04005	128	Reference Identifi		$\mathbf{X}$	ID 2/3

Code qualifying the Reference Identification

Not Used C04006 127 Reference Identification X AN 1/30

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

DRAFT

Segment: LX Service Line

**Position:** 365

**Loop:** 2400 Optional (Must Use)

Level: Summary

Usage: Optional (Must Use)

Max Use: 1

**Purpose:** To reference a line number in a transaction set

Syntax Notes: Semantic Notes: Comments:

Notes:

The Service Line LX segment begins with 1 and is incremented by one for each additional service line of a claim. The LX functions as a line counter.

The datum in the LX is not usually returned in the 835 (Remittance Advice) transaction. LX01 may be used as a line item control number by the payer in the 835 if a line item control number has not been submitted on the service line. See that REF for more information

LX01 is used to indicate bundling/unbundling in SVC06. See Section 1.4.3 for more information on bundling and unbundling.

Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 syntax rules.

### **Data Element Summary**

	Ref.	Data	•		
	Des.	<b>Element</b>	<u>Name</u>	Attı	<u>ributes</u>
Required	LX01	554	Assigned Number	$\mathbf{M}$	N0 1/6
			Number assigned for differentiation within a transaction set		
			The service line number incremented by 1 for each service li	ne.	
			ALIAS: Line Counter		
			NSF Reference: FA0-02.0, FB0-02.0, FB1-02.0, GA0-02.0,	GC0-	02.0, GX0-
			02.0, GX2-02.0, HA0-02.0, FB2-02.0, GU0-02.0		

INDUSTRY: Assigned Number

SV1 Professional Service **Segment:** 

**Position:** 370

> 2400 Loop: Optional (Must Use)

Level: Summary

Usage: Optional (Must Use)

Max Use:

**Purpose:** To specify the claim service detail for a Health Care professional **Syntax Notes:** If either SV103 or SV104 is present, then the other is required.

**Semantic Notes:** SV102 is the submitted charge amount.

- SV105 is the place of service.
- SV108 is the independent lab charges.
- SV109 is the emergency-related indicator; a "Y" value indicates service provided was emergency related; an "N" value indicates service provided was not emergency
- SV111 is early and periodic screen for diagnosis and treatment of children (EPSDT) involvement; a "Y" value indicates EPSDT involvement; an "N" value indicates no EPSDT involvement.
- 6 SV112 is the family planning involvement indicator. A "Y" value indicates family planning services involvement; an "N" value indicates no family planning services involvement.
- SV117 is the health care manpower shortage area (HMSA) facility identification.
- SV118 is the health care manpower shortage area (HMSA) zip code.
- SV119 is a noncovered charge amount.

**Comments:** 1 If SV113 is equal to "L" or "N", then SV114 is required.

			Data Elem	ent Summary		
	Ref. Des.	Data <u>Element</u>	<u>Name</u>		<u>Attributes</u>	
Required	SV101	C003	Composite Medica	al Procedure Identifier	M	
			To identify a medic modifiers ALIAS: Procedure	al procedure by its standardized codes an identifier	nd applicable	
Required	C00301	235	Product/Service II	O Qualifier	M ID 2/2	
•			Product/Service ID	e type/source of the descriptive number u (234) act or Service ID Qualifier	ised in	
			НС	Health Care Financing Administration Procedural Coding System (HCPCS) Co		
				HCFA coding scheme to group procedu on an outpatient basis for payment to he Medicare; primarily used for ambulator	are(s) performed ospital under	
				other diagnostic departments Because the AMA's CPT codes are also codes, they are reported under HC.	level 1 HCPCS	
			IV	Home Infusion EDI Coalition (HIEC) I Code	Product/Service	
			N1	National Drug Code in 4-4-2 Format		
				4-digit manufacturer ID, 4-digit produc package size	t ID, 2-digit trade	e
			N2	National Drug Code in 5-3-2 Format		
				5-digit manufacturer ID, 3-digit produc package size	t ID, 2-digit trade	e
			N3	National Drug Code in 5-4-1 Format		
			274	5-digit manufacturer ID, 4-digit produc package size	t ID, 1-digit trade	e
			N4	National Drug Code in 5-4-2 Format		
D00511404 (0	0.404.037.0003			5-digit manufacturer ID, 4-digit produc	t ID, 2-digit trade	e

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ZZ Mutually Defined

Jurisdictionally Defined Procedure and Supply Codes. (Used for Worker's Compensation claims). Contact your

local (State) Jurisdiction for a list of these codes.

Required C00302 234 Product/Service ID

Identifying number for a product or service NSF Reference: FA0-09.0, FB0-15.0, GU0-07.0

INDUSTRY: Procedure Code

Situatio C00303 1339 Procedure Modifier

O AN 2/2

M AN 1/48

This identifies special circumstances related to the performance of the service, as defined by trading partners

Use this modifier for the first procedure code modifier.

Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.

ALIAS: Procedure Modifier 1

NSF Reference: FA0-10.0, GU0-08.0

INDUSTRY: Procedure Modifier

Situatio C00304 1339 Procedure Modifier

O AN 2/2

This identifies special circumstances related to the performance of the service, as defined by trading partners

Use this modifier for the second procedure code modifier.

Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.

ALIAS: Procedure Modifier 2

NSF Reference: FA0-11.0

INDUSTRY: Procedure Modifier

Situatio C00305 1339 Procedure Modifier

O AN 2/2

This identifies special circumstances related to the performance of the service, as defined by trading partners

Use this modifier for the third procedure code modifier.

Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.

ALIAS: Procedure Modifier 3

NSF Reference: FA0-12.0

INDUSTRY: Procedure Modifier

Situatio C00306 1339 Procedure Modifier

O AN 2/2

This identifies special circumstances related to the performance of the service, as defined by trading partners

Use this modifier for the fourth procedure code modifier.

Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.

ALIAS: Procedure Modifier 4

NSF Reference: FA0-36.0

**INDUSTRY: Procedure Modifier** 

Not Used C00307 352 **Description**  O AN 1/80

A free-form description to clarify the related data elements and their content

Required SV102 782 **Monetary Amount**  O R 1/18

Monetary amount

For encounter transmissions, zero (0) may be a valid amount.

ALIAS: Submitted charge amount

NSF Reference: FA0-13.0

INDUSTRY: Line Item Charge Amount

### 355 Required SV103 **Unit or Basis for Measurement Code**

X ID 2/2

Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken

FA0-50.0 is only used in Medicare COB payer-to-payer situations.

NSF Reference: FA0-50.0

INDUSTRY: Unit or Basis for Measurement Code

F2 International Unit

A unit accepted by an international agency; potency of a

drug/vitamin based on a specific weight of that

drug/vitamin

International Unit is used to indicate dosage amount. Dosage amount is only used for drug claims when the dosage of the drug is variable within a single NDC

number (e.g., blood factors).

MJMinutes

Required SV104 380 Quantity X R 1/15

Numeric value of quantity

UN

Note: If a decimal is needed to report units, include it in this element, e.g., "15.6".

**ALIAS: Units or Minutes** 

NSF Reference: FA0-18.0, FA0-19.0, FB0-16.0

Unit

INDUSTRY: Service Unit Count

SV105 Situatio 1331

## **Facility Code Value**

O AN 1/2

Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format Required if value is different than value carried in CLM05-1 in Loop ID-2300.

Use this element for codes identifying a place of service from code source 237. As a courtesy, the codes are listed below, however, the code list is thought to be complete at the time of publication of this implementation guideline. Since this list is subject to change, only codes contained in the document available from code source 237 are to be supported in this transaction and take precedence over any and all codes listed here.

- Office 11
- 12 Home
- 21 Inpatient Hospital
- 22 **Outpatient Hospital**

			23 Emergency Room - Hospital		
			24 Ambulatory Surgical Center		
			25 Birthing Center		
			26 Military Treatment Facility		
			31 Skilled Nursing Facility		
			32 Nursing Facility		
			33 Custodial Care Facility		
			34 Hospice 41 Ambulance - Land		
			41 Ambulance - Land 42 Ambulance - Air or Water		
			50 Federally Qualified Health Center		
			51 Inpatient Psychiatric Facility		
			52 Psychiatric Facility Partial Hospitalization		
			53 Community Mental Health Center		
			54 Intermediate Care Facility/Mentally Retarded		
			55 Residential Substance Abuse Treatment Facility		
			56 Psychiatric Residential Treatment Center		
			60 Mass Immunization Center		
			61 Comprehensive Inpatient Rehabilitation Facility		
			62 Comprehensive Outpatient Rehabilitation Facility		
			65 End Stage Renal Disease Treatment Facility		
			71 State or Local Public Health Clinic		
			72 Rural Health Clinic		
			81 Independent Laboratory		
			99 Other Unlisted Facility		
			ALIAS: Place of Service Code		
			NSF Reference: FA0-07.0, GU0-05.0		
Not Ugod	CV/102	1265	INDUSTRY: Place of Service Code	0	ID 1/2
Not Used	SV106	1365	Service Type Code	О	ID 1/2
			Code identifying the classification of service		
Situatio	SV107	C004	Composite Diagnosis Code Pointer	0	
			To identify one or more diagnosis code pointers Required if HI segment in Loop ID-2300 is used.		
			Required if TH segment in Loop 1D 2500 is used.		
			ALIAS: Diagnosis Code Pointer		
Required	C00401	1328	Diagnosis Code Pointer	$\mathbf{M}$	N0 1/2
			A pointer to the claim diagnosis code in the order of impor	tance to	this service
			Use this pointer for the first diagnosis code pointer (primar		
			service line). Use remaining diagnosis pointers in declining		
			to service line. Acceptable values are 1 through 8, inclusive		1
			NSF Reference: FA0-14.0		
g., ,,	C00402	1220	INDUSTRY: Diagnosis Code Pointer	0	NO 4 /0
Situatio	C00402	1328	Diagnosis Code Pointer	0	N0 1/2
			A pointer to the claim diagnosis code in the order of impor Use this pointer for the second diagnosis code pointer.	tance to	this service
			Required if the service relates to that specific diagnosis and substantiate the medical treatment. Acceptable values are 1 inclusive.		
			NSF Reference: FA0-15.0		
			INDUSTRY: Diagnosis Code Pointer		
			· · · · · · · · · · · · · · · · · · ·		

 Situatio
 C00403
 1328
 Diagnosis Code Pointer
 O N0 1/2

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A pointer to the claim diagnosis code in the order of importance to this service Use this pointer for the third diagnosis code pointer.

Required if the service relates to that specific diagnosis and is needed to substantiate the medical treatment. Acceptable values are 1 through 8, inclusive.

NSF Reference: FA0-16.0

INDUSTRY: Diagnosis Code Pointer

Situatio C00404 1328 Diagnosis Code Pointer

O N0 1/2

A pointer to the claim diagnosis code in the order of importance to this service Use this pointer for the fourth diagnosis code pointer.

Required if the service relates to that specific diagnosis and is needed to substantiate the medical treatment. Acceptable values are 1 through 8, inclusive.

NSF Reference: FA0-17.0

INDUSTRY: Diagnosis Code Pointer

Not Used SV108 782 Monetary Amount O R 1/18

Monetary amount

Required SV109 1073 Yes/No Condition or Response Code O ID 1/1

Code indicating a Yes or No condition or response

ALIAS: Emergency Indicator

NSF Reference: FA0-20.0

**INDUSTRY:** Emergency Indicator

N No Y Yes

Not Used SV110 1340 Multiple Procedure Code O ID 1/2

Code indicating proper adjudication and payment determination in cases involving multiple surgical procedures during the same surgical session

Situatio SV111 1073 Yes/No Condition or Response Code O ID 1/1

Code indicating a Yes or No condition or response

Required if Medicaid services are the result of a screening referral.

ALIAS: EPSDT Indicator

NSF Reference: FB0-22.0

INDUSTRY: EPSDT Indicator

Situatio SV112 1073 Yes/No Condition or Response Code O ID 1/1

Code indicating a Yes or No condition or response

Required if applicable for Medicaid claims.

ALIAS: Family Planning Indicator

NSF Reference: FB0-23.0

**INDUSTRY:** Family Planning Indicator

Y Yes

Not Used SV113 1364 Review Code O ID 1/2

Code identifying extenuating circumstances or justifications which might assist

Not Used	SV114	1341	any review of the medical necessity for this service  National or Local Assigned Review Value	0	AN 1/2
110t Obcu	5,114	1041	Value assigned by national or local organizations for various elements	_	
Situatio	SV115	1327	Copay Status Code	O	ID 1/1
			Code indicating whether or not co-payment requirements wer	e me	
			line basis		,
			Required if patient was exempt from co-pay.		
			ALIAS: Co-Pay Waiver		
			NSF Reference: FB0-21.0		
			INDUSTRY: Co-Pay Status Code		
			0 Copay exempt		
			No copayment is required of patient for	this s	service
Not Used	SV116	1334	Health Care Professional Shortage Area Code	O	<b>ID</b> 1/1
			Code identifying the Health Care Professional Shortage Area	Code	e (HPSA)
Not Used	SV117	127	Reference Identification	O	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	SV118	116	Postal Code	O	ID 3/15
			Code defining international postal zone code excluding punct (zip code for United States)	uatio	n and blanks
Not Used	SV119	782	Monetary Amount	O	R 1/18
			Monetary amount		
Not Used	SV120	1337	Level of Care Code	O	<b>ID 1/1</b>
			Code specifying the level of care provided by a nursing home	faci	lity
Not Used	SV121	1360	Provider Agreement Code	O	<b>ID</b> 1/1
			Code indicating the type of agreement under which the provi this claim	der is	submitting

Segment: SV4 Prescription Number

**Position:** 385

**Loop:** 2400 Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 1

Purpose:

To specify the claim service detail for prescription drugs

Syntax Notes: Semantic Notes:

es: 1 SV401 is a prescription number.

- 2 SV403 is a new or refill number. A value of zero indicates a new prescription, any other value is the refill number of an existing prescription.
- 3 SV404 is the generic indicator. A "Y" value indicates a generic drug; an "N" value indicates a branded drug.
- 4 SV408 is the drug name.
- 5 SV409 is the multisource indicator. A "Y" indicates drug is available from more than one manufacturer; an "N" value indicates drug is available from one manufacturer.
- **6** SV410 is the compound indicator. A "Y" indicates a compound drug; an "N" value indicates a noncompound drug. A "U" value indicates a nonspecified drug compound.

**Comments:** 

**Notes:** Required if dispense of the drug has been done with an assigned Rx number.

In cases where a compound drug is being billed, the components of the compound will all have the same prescription number. Payers receiving the claim can relate all the components by matching the prescription number.

	Ref.	Data	Data Element Summary					
Required	<u>Des.</u> SV401	Element 127	Name Reference Identification	Attı M	ributes AN 1/30			
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier INDUSTRY: Prescription Number	Set o	or as			
Not Used	SV402	C003	Composite Medical Procedure Identifier	O				
			To identify a medical procedure by its standardized codes ar modifiers	To identify a medical procedure by its standardized codes and applicable modifiers				
Not Used	C00301	235	Product/Service ID Qualifier	$\mathbf{M}$	ID 2/2			
			Code identifying the type/source of the descriptive number u Product/Service ID (234)	ısed iı	1			
Not Used	C00302	234	Product/Service ID	M	AN 1/48			
			Identifying number for a product or service					
Not Used	C00303	1339	Procedure Modifier	O	AN 2/2			
			This identifies special circumstances related to the performand as defined by trading partners	nce of	the service,			
Not Used	C00304	1339	Procedure Modifier	O	AN 2/2			
			This identifies special circumstances related to the performand as defined by trading partners	nce of	the service,			
Not Used	C00305	1339	Procedure Modifier	O	AN 2/2			
			This identifies special circumstances related to the performand as defined by trading partners	nce of	the service,			
Not Used	C00306	1339	Procedure Modifier	O	AN 2/2			
			This identifies special circumstances related to the performand as defined by trading partners	nce of	the service,			
Not Used	C00307	352	Description	O	AN 1/80			
			A free-form description to clarify the related data elements a	nd the	eir content			
Not Used	SV403	127	Reference Identification	O	AN 1/30			
			Reference information as defined for a particular Transaction	Set o	or as			
D027V401 (0	04010\(\forall 0000\)		502		August 9, 2001			

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Not Used	SV404	1073	specified by the Reference Identification Qualifier Yes/No Condition or Response Code	o	ID 1/1
			Code indicating a Yes or No condition or response		
Not Used	SV405	1329	Dispense as Written Code	O	<b>ID</b> 1/1
			Code indicating whether or not the prescriber's instructions r substitution were followed	egard	ing generic
Not Used	SV406	1338	Level of Service Code	O	ID 1/3
			Code specifying the level of service rendered		
Not Used	SV407	1356	Prescription Origin Code	O	<b>ID</b> 1/1
			Code indicating the origin of a prescription		
Not Used	SV408	352	Description	O	AN 1/80
			A free-form description to clarify the related data elements a	nd the	eir content
Not Used	SV409	1073	Yes/No Condition or Response Code	O	<b>ID</b> 1/1
			Code indicating a Yes or No condition or response		
Not Used	SV410	1073	Yes/No Condition or Response Code	O	ID 1/1
			Code indicating a Yes or No condition or response		
Not Used	SV411	1370	Unit Dose Code	O	<b>ID</b> 1/1
			Code indicating the type of unit dose dispensing done		
Not Used	SV412	1319	<b>Basis of Cost Determination Code</b>	O	ID 1/2
			Code indicating the method by which the ingredient cost wa	s calc	ulated
Not Used	SV413	1320	<b>Basis of Days Supply Determination Code</b>	O	<b>ID</b> 1/1
			Code indicating the method by which the days supply was de	etermi	ned
Not Used	SV414	1330	Dosage Form Code	O	ID 2/2
			Code indicating the form in which the drug is dispensed		
Not Used	SV415	1327	Copay Status Code	O	<b>ID</b> 1/1
			Code indicating whether or not co-payment requirements we line basis	re me	t on a line by
Not Used	SV416	1384	Patient Location Code	O	<b>ID</b> 1/1
			Code identifying the location where patient is receiving med	ical tr	eatment
Not Used	SV417	1337	Level of Care Code	O	<b>ID</b> 1/1
			Code specifying the level of care provided by a nursing hom	e faci	lity
Not Used	SV418	1357	Prior Authorization Type Code	O	<b>ID</b> 1/1
			Code indicating the type of prior authorization or medical ce occurred	rtifica	tion that has

Not Used

**Not Used** 

PWK06

PWK07

67

352

PWK DMERC CMN Indicator **Segment:** 420 **Position:** Loop: 2400 Optional (Must Use) Level: Summary **Usage:** Optional Max Use: **Purpose:** To identify the type or transmission or both of paperwork or supporting information **Syntax Notes:** If either PWK05 or PWK06 is present, then the other is required. **Semantic Notes: Comments:** 1 PWK05 and PWK06 may be used to identify the addressee by a code number. PWK07 may be used to indicate special information to be shown on the specified report. 3 PWK08 may be used to indicate action pertaining to a report. Notes: Required on Medicare claims when DMERC CMN is included in this claim. **Data Element Summary** Ref. Data Des. **Element** Name **Attributes** Required PWK01 755 **Report Type Code** M ID 2/2 Code indicating the title or contents of a document, report or supporting item ALIAS: DMERC Report Type Code INDUSTRY: Attachment Report Type Code Certification Required PWK02 756 **Report Transmission Code** O ID 1/2Code defining timing, transmission method or format by which reports are to ALIAS: Attachment Transmission Code NSF Reference: EA0-40.0 INDUSTRY: Attachment Transmission Code AB AD AF AG NS Not Specified Indicates that a report will be transmitted via a nonspecified medium NS = Paperwork is available on request at the provider's site. This means that the paperwork is not being sent with the claim at this time. Instead, it is available to the payer (or appropriate entity) at their request. Not Used 757 **Report Copies Needed** O N0 1/2 PWK03 The number of copies of a report that should be sent to the addressee 98 Not Used PWK04 **Entity Identifier Code** O ID 2/3 Code identifying an organizational entity, a physical location, property or an individual Not Used PWK05 66 **Identification Code Qualifier** X ID 1/2 Code designating the system/method of code structure used for Identification Code (67)

**Actions Indicated** C002 **Not Used** PWK08 P837V401 (004010X098) 595 August 8, 2001

A free-form description to clarify the related data elements and their content

Code identifying a party or other code

X AN 2/80

AN 1/80

**Identification Code** 

**Description** 

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21441			Actions to be performed on the piece of paperwork identified	
Not Used	C00201	704	Paperwork/Report Action Code M	ID 1/2
			Code specifying how the paperwork or report that is identified in segment relates to the transaction set or to identify the action that	
Not Used	C00202	704	Paperwork/Report Action Code O	ID 1/2
NI	G00202	704	Code specifying how the paperwork or report that is identified in segment relates to the transaction set or to identify the action that	is required
Not Used	C00203	704	Paperwork/Report Action Code O	ID 1/2
			Code specifying how the paperwork or report that is identified in segment relates to the transaction set or to identify the action that	
Not Used	C00204	704	Paperwork/Report Action Code O	ID 1/2
			Code specifying how the paperwork or report that is identified in segment relates to the transaction set or to identify the action that	is required
Not Used	C00205	704	Paperwork/Report Action Code O	ID 1/2
			Code specifying how the paperwork or report that is identified in segment relates to the transaction set or to identify the action that	is required
Not Used	PWK09	1525	Request Category Code O	ID 1/2
			Code indicating a type of request	

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	Segment:	CR1	Ambulance Transport Information						
	Position:	425	Timoumiee Transport Information						
	Loop:	2400	Optional (Must Use)						
	Level:		Summary						
	<b>Usage:</b>	Optional	Optional						
	Max Use:	1							
g	Purpose:		y information related to the ambulance service rendered to a po	atient					
Syn	tax Notes:		her CR101 or CR102 is present, then the other is required. her CR105 or CR106 is present, then the other is required.						
Seman	tic Notes:		02 is the weight of the patient at time of transport.						
			06 is the distance traveled during transport.						
		<b>3</b> CR1	07 is the address of origin.						
			08 is the address of destination.						
			09 is the purpose for the round trip ambulance service.		ina				
C	omments:	0 CRI	10 is the purpose for the usage of a stretcher during ambulance	serv	ice.				
C	Notes:		on all ambulance claims if the information is different than in el (Loop ID-2300).	the C	CR1 at the				
			Data Element Summary						
	Ref.	Data	Data Diement Summary						
	Des.	<b>Element</b>	<u>Name</u>	Attı	<u>ributes</u>				
Situatio	CR101	355	Unit or Basis for Measurement Code	$\mathbf{X}$	ID 2/2				
			Code specifying the units in which a value is being expressed	l, or 1	manner in				
			which a measurement has been taken						
			Required if CR102 is present.						
			INDUSTRY: Unit or Basis for Measurement Code						
			LB Pound						
Situatio	CR102	81	Weight	X	R 1/10				
			Numeric value of weight						
			Required if it is necessary to justify the medical necessity of	the le	evel of				
			ambulance services.						
			ALIAS: Patient Weight						
			NSF Reference: GA0-05.0						
			INDUSTRY, Patient Weight						
Required	CR103	1316	INDUSTRY: Patient Weight  Ambulance Transport Code	0	ID 1/1				
Required	CKIOS	1310	Code indicating the type of ambulance transport	O	10 1/1				
			ALIAS: Ambulance transport code						
			1323 13. Timodiance transport code						
			NSF Reference: GA0-07.0						
			INDUSTRY: Ambulance Transport Code						
			I Initial Trip						
			R Return Trip						
			T Transfer Trip	_					
			Ambulance from one facility to another						
Dec. '	CD104	1015	X Round Trip	^	ID 1/1				
Required	CR104	1317	Ambulance Transport Reason Code	0	ID 1/1				
			Code indicating the reason for ambulance transport						
			ALIAS: Ambulance Transport Reason Code						
			NSF Reference: GA0-15.0						

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				llance Transport Reason Code		
			A	Patient was transported to nearest facilit	y for	care of
			_	symptoms, complaints, or both		
			В	Patient was transported for the benefit o	f a pr	eferred
			C	physician	c c	*1
			С	Patient was transported for the nearness	or rai	mily
			D	members Patient was transported for the care of a	enec	ialist or for
			Ъ	availability of specialized equipment	spec	iansi or ioi
			Е	Patient Transferred to Rehabilitation Fa	cility	
Required	CR105	355	Unit or Basis for M		X	ID 2/2
Required	CKIOS	333		units in which a value is being expressed		
			which a measureme		1, 01 1	manner m
				or Basis for Measurement Code		
			DH	Miles		
Dogwinod	CR106	380		WHICS	X	R 1/15
Required	CKIOO	300	Quantity		Λ	K 1/15
			Numeric value of q			
				A0-50.0 is used only in Medicare payer-t	o-pay	er COB
			situations.			
			ALIAS: Transport I	Distance		
			NSF Reference: GA	A0-17.0, FA0-50.0		
			INDUSTRY: Trans	nort Distance		
Not Used	CR107	166	Address Informati	•	0	AN 1/55
- 100 - 200			Address information			
Not Used	CR108	166	Address Informati		O	AN 1/55
1100 0500	CILIUS	100	Address information		J	1111 1,00
Situatio	CR109	352	<b>Description</b>	••	O	AN 1/80
Situatio	CILIO	002	_	tion to clarify the related data elements ar	_	
			=			
			otherwise not used.	(Ambulance Transport Code) = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "X - Rounds Foundation of the Code" = "	iu II	ıp,
			otherwise not used.			
			ALIAS: Transport p	purpose description		
			NSF Reference: GA	A0-20.0		
			INDUSTRY: Round	d Trip Purpose Description		
Situatio	CR110	352	Description	•	O	AN 1/80
			A free-form descrip	tion to clarify the related data elements ar	nd the	eir content
			Required if needed	to justify usage of stretcher.		
			ALIAS: Stretcher P	turpose Description		
			NSF Reference: GA	A0-21.0		
			INDUSTRY: Stretc	her Purpose Description		

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Segment: CR2 Spinal Manipulation Service Information

Position: 430

**Loop:** 2400 Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 5

Purpose: 7

**Notes:** 

ose: To supply information related to the chiropractic service rendered to a patient

**Syntax Notes:** 1 If either CR201 or CR202 is present, then the other is required.

2 If CR204 is present, then CR203 is required.

3 If either CR205 or CR206 is present, then the other is required.

**Semantic Notes:** 1 CR201 is the number this treatment is in the series.

2 CR202 is the total number of treatments in the series.

- 3 CR206 is the time period involved in the treatment series.
- 4 CR207 is the number of treatments rendered in the month of service.
- 5 CR209 is complication indicator. A "Y" value indicates a complicated condition; an "N" value indicates an uncomplicated condition.
- 6 CR210 is a description of the patient's condition.
- 7 CR211 is an additional description of the patient's condition.
- **8** CR212 is X-rays availability indicator. A "Y" value indicates X-rays are maintained and available for carrier review; an "N" value indicates X-rays are not maintained and available for carrier review.

**Comments:** 1 When both CR203 and CR204 are present, CR203 is the beginning level of subluxation and CR204 is the ending level of subluxation.

Required on all claims involving spinal manipulation if information is different from Loop-ID 2300 CR2 information. Such claims could originate with chiropractors, physical therapists, DOs, and many other types of health care providers.

			Data Eleme	ent Summary		
Required	Ref. <u>Des.</u> CR201	Data Element 609	<u>Name</u> Count		Attı X	ributes N0 1/9
			Occurrence counter			
			ALIAS: Treatment N	Number. Spinal Manipulation		
			NSF Reference: GC0	0-07.0		
Required	CR202	380	INDUSTRY: Treatm Quantity	nent Series Number	X	R 1/15
			Numeric value of qu	antity		
			ALIAS: Treatment S	Series Total. Spinal Manipulation		
			NSF Reference: GC0	0-07.0		
			INDUSTRY: Treatm			
Situatio	CR203	1367	<b>Subluxation Level C</b>		X	ID 2/3
				specific level of subluxation		
			Required if subluxati	on is involved in claim.		
			ALIAS: Subluxation	Level Code		
			NSF Reference: GC0	0.80-0		
			INDUSTRY: Sublux			
			C1	Cervical 1		
				Adjustment of the first neck vertebrae		
			C2	Cervical 2		
				Adjustment of the second neck vertebra	e	

C3	Cervical 3
	Adjustment of the third neck vertebrae
C4	Cervical 4
	Adjustment of the fourth neck vertebrae
C5	Cervical 5
	Adjustment of the fifth neck vertebrae
C6	Cervical 6
	Adjustment of the sixth neck vertebrae
C7	Cervical 7
	Adjustment of the seventh neck vertebrae
CO	Coccyx
	Adjustment of the caudal extremity of the vertebrae
IL	Ilium
	Adjustment of the expansive superior portion of the hip
L1	bone Lumbar 1
LI	Adjustment of the first vertebrae between the thorax and
	the pelvis
L2	Lumbar 2
	Adjustment of the second vertebrae between the thorax
	and the pelvis
L3	Lumbar 3
	Adjustment of the third vertebrae between the thorax and
L4	the pelvis Lumbar 4
Li	Adjustment of the fourth vertebrae between the thorax
	and the pelvis
L5	Lumbar 5
	Adjustment to the fifth vertebrae between the thorax and
0.0	the pelvis
OC	Occiput
C A	Adjustment of the back part of the neck
SA	Sacrum
	Adjustment of the triangular bone just below the lumbar vertebrae
T1	Thoracic 1
	Adjustment of the first vertebrae located between the
	neck and the respiratory diaphragm
T10	Thoracic 10
	Adjustment of the tenth vertebrae located between the
T11	neck and the respiratory diaphragm Thoracic 11
111	Adjustment of the eleventh vertebrae located between the
	neck and the respiratory diaphragm
T12	Thoracic 12
	Adjustment of the twelfth vertebrae located between the
	neck and the respiratory diaphragm
T2	Thoracic 2
	Adjustment of the second vertebrae located between the
Т3	neck and the respiratory diaphragm Thoracic 3
	Adjustment of the third vertebrae located between the
	neck and the respiratory diaphragm
T4	Thoracic 4
	Adjustment of the fourth vertebrae located between the

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			Т5	neck and the respiratory diaphragm Thoracic 5
				Adjustment of the fifth vertebrae located between the neck and the respiratory diaphragm
			T6	Thoracic 6
				Adjustment of the sixth vertebrae located between the
				neck and the respiratory diaphragm
			T7	Thoracic 7
				Adjustment of the seventh vertebrae located between the
			Т8	neck and the respiratory diaphragm Thoracic 8
			10	Adjustment of the eighth vertebrae located between the
				neck and the respiratory diaphragm
			T9	Thoracic 9
				Adjustment of the ninth vertebrae located between the
C!4 - 4! -	CD204	1265	C 11 - 4 - 1 - 1	neck and the respiratory diaphragm
Situatio	CR204	1367	Subluxation Level	
				ne specific level of subluxation
			subluxation from C	nal subluxation is involved in claim to indicate a range (i.e., R203 to CR204).
			ALIAS: Subluxation	on Level Code
			NSF Reference: Go	C0-08.0
				uxation Level Code
			C1	Cervical 1
				Adjustment of the first neck vertebrae
			C2	Cervical 2
				Adjustment of the second neck vertebrae
			C3	Cervical 3
				Adjustment of the third neck vertebrae
			C4	Cervical 4
				Adjustment of the fourth neck vertebrae
			C5	Cervical 5
			9.5	Adjustment of the fifth neck vertebrae
			C6	Cervical 6
				Adjustment of the sixth neck vertebrae
			C7	Cervical 7
				Adjustment of the seventh neck vertebrae
			СО	Coccyx
			**	Adjustment of the caudal extremity of the vertebrae
			IL	Ilium
				Adjustment of the expansive superior portion of the hip bone
			L1	Lumbar 1
				Adjustment of the first vertebrae between the thorax and the pelvis
			L2	Lumbar 2
				Adjustment of the second vertebrae between the thorax and the pelvis
			L3	Lumbar 3
				Adjustment of the third vertebrae between the thorax and
			L4	the pelvis Lumbar 4
			ഥす	Lamoa T

DRAFT				
			L5	Adjustment of the fourth vertebrae between the thorax and the pelvis  Lumbar 5
			LJ	Adjustment to the fifth vertebrae between the thorax and the pelvis
			OC	Occiput
				Adjustment of the back part of the neck
			SA	Sacrum
				Adjustment of the triangular bone just below the lumbar vertebrae
			T1	Thoracic 1
			T10	Adjustment of the first vertebrae located between the neck and the respiratory diaphragm
			T10	Thoracic 10
			T11	Adjustment of the tenth vertebrae located between the neck and the respiratory diaphragm Thoracic 11
				Adjustment of the eleventh vertebrae located between the
			T-10	neck and the respiratory diaphragm
			T12	Thoracic 12
			T2	Adjustment of the twelfth vertebrae located between the neck and the respiratory diaphragm Thoracic 2
				Adjustment of the second vertebrae located between the
			Т3	neck and the respiratory diaphragm Thoracic 3
			T4	Adjustment of the third vertebrae located between the neck and the respiratory diaphragm Thoracic 4
			T5	Adjustment of the fourth vertebrae located between the neck and the respiratory diaphragm Thoracic 5
			10	Adjustment of the fifth vertebrae located between the neck and the respiratory diaphragm
			T6	Thoracic 6
			Т7	Adjustment of the sixth vertebrae located between the neck and the respiratory diaphragm Thoracic 7
				Adjustment of the seventh vertebrae located between the
			Т8	neck and the respiratory diaphragm Thoracic 8
			Т9	Adjustment of the eighth vertebrae located between the neck and the respiratory diaphragm Thoracic 9
				Adjustment of the ninth vertebrae located between the neck and the respiratory diaphragm
Required	CR205	355		Measurement Code X ID 2/2
			which a measurem	ne units in which a value is being expressed, or manner in ment has been taken or Basis for Measurement Code
			DA	Days
			MO	Months
			WK	Week
			YR	Years
Required	CR206	380	Quantity	X R 1/15
			Numeric value of	
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ALIAS:	Treatment Series	Period. S <sub>1</sub>	pinal Ma	inipulation
--------	------------------	------------------------	----------	-------------

NSF Reference: GC0-09.0

INDUSTRY: Treatment Period Count

Required CR207 380 Quantity O R 1/15

Numeric value of quantity

ALIAS: Treatment Number in Month. Spinal Manipulation

NSF Reference: GC0-10.0

**INDUSTRY: Monthly Treatment Count** 

Required CR208 1342 Nature of Condition Code O ID 1/1

Code indicating the nature of a patient's condition ALIAS: Nature of Condition Code. Spinal Manipulation

NSF Reference: GC0-11.0

INDUSTRY: Patient Condition Code

A Acute Condition

A disease of rapid onset, severe symptoms, and brief

duration

C Chronic Condition

A disease of long duration involving very slow changes; such a disease is often of gradual onset; the term does not

imply anything about the severity of the disease

D Non-acute

E Non-Life Threatening

F Routine
G Symptomatic

M Acute Manifestation of a Chronic Condition

A disease of long duration interrupted by a rapid onset of

severe symptoms of brief duration

Required CR209 1073 Yes/No Condition or Response Code O ID 1/1

Code indicating a Yes or No condition or response

ALIAS: Complication Indicator. Spinal Manipulation

NSF Reference: GC0-13.0

**INDUSTRY: Complication Indicator** 

N No Y Yes

Situatio CR210 352 Description O AN 1/80

A free-form description to clarify the related data elements and their content

Used at discretion of submitter.

ALIAS: Patient Condition Description, Chiropractic

NSF Reference: GC0-14.0

INDUSTRY: Patient Condition Description

Situatio CR211 352 Description O AN 1/80

A free-form description to clarify the related data elements and their content Used at discretion of submitter.

ALIAS: Patient Condition Description, Chiropractic

NSF Reference: GC0-14.0

Required CR212 INDUSTRY: Patient Condition Description
Yes/No Condition or Response Code

Code indicating a Yes or No condition or response

O ID 1/1

ALIAS: X-ray Availability Indicator, Chiropractic

NSF Reference: GC0-15.0

INDUSTRY: X-ray Availability Indicator

N No Y Yes Segment:  $\mathbb{C}\mathbf{R}\mathbf{3}$  Durable Medical Equipment Certification

**Position:** 435

**Loop:** 2400 Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To supply information regarding a physician's certification for durable medical

equipment

**Syntax Notes:** 1 If either CR302 or CR303 is present, then the other is required.

**Semantic Notes:** 1 CR302 and CR303 specify the time period covered by this certification.

2 CR305 is the prognosis of the patient.

**Comments:** 

**Notes:** Required if it is necessary to include supporting documentation in an electronic form for

Medicare DMERC claims for which the provider is required to obtain a certificate of

medical necessity (CMN) from the physician.

	Ref. Des.	Data Element	Name	Δttr	ibutes
Required	CR301	1322	Certification Type Code	0	ID 1/1
1			Code indicating the type of certification		
			NSF Reference: GU0-04.0		
			NIDVOTTON G. 107		
			INDUSTRY: Certification Type Code		
			I Initial		
			R Renewal		
			S Revised		
Required	CR302	355	Unit or Basis for Measurement Code	$\mathbf{X}$	ID 2/2
			Code specifying the units in which a value is being expressed which a measurement has been taken INDUSTRY: Unit or Basis for Measurement Code	l, or r	nanner in
			MO Months		
Required	CR303	380	Quantity	$\mathbf{X}$	R 1/15
			Numeric value of quantity		
			Length of time DME equipment is needed.		
			ALIAS: DME Duration		
			NSF Reference: GU0-21.0		
			INDUSTRY: Durable Medical Equipment Duration		
Not Used	CR304	1335	Insulin Dependent Code	O	ID 1/1
			Code indicating the condition that demonstrates insulin depe	ndenc	ee
Not Used	CR305	352	Description	O	AN 1/80
			A free-form description to clarify the related data elements at	nd the	ir content

 ${\bf CR5}\,$  Home Oxygen Therapy Information **Segment:** 445 **Position:** 2400 Loop: Optional (Must Use) Level: Summary Usage: Optional Max Use: **Purpose:** To supply information regarding certification of medical necessity for home oxygen **Syntax Notes: Semantic Notes:** 1 CR502 is the number of months covered by this certification. CR505 is the reason for equipment. CR506 is the oxygen flow rate in liters per minute. 4 CR507 is the number of times per day the patient must use oxygen. CR508 is the number of hours per period of oxygen use. CR509 is the special orders for the respiratory therapist. 7 CR510 is the arterial blood gas. CR511 is the oxygen saturation. CR516 is the oxygen flow rate for a portable oxygen system in liters per minute. **Comments: Notes:** Required on all initial, renewal, and revision home oxygen therapy claims. **Data Element Summary** Ref. Data Des. **Element** Name **Attributes** Required CR501 1322 O ID 1/1 **Certification Type Code** Code indicating the type of certification ALIAS: Certification Type Code. Oxygen Therapy NSF Reference: GX0-04.0 INDUSTRY: Certification Type Code I Initial R Renewal S Revised Required CR502 380 Quantity O R 1/15 Numeric value of quantity ALIAS: Certification Period, Home Oxygen Therapy NSF Reference: GX0-06.0 **INDUSTRY: Treatment Period Count Not Used CR503** 1348 Oxygen Equipment Type Code O ID 1/1 Code indicating the specific type of equipment being prescribed for the delivery of oxygen

Not Used	CR504	1348	Oxygen Equipment Type Code	O	<b>ID</b> 1/1
			Code indicating the specific type of equipment being prescridelivery of oxygen	bed f	or the
Not Used	CR505	352	Description	O	AN 1/80
			A free-form description to clarify the related data elements a	nd the	eir content
Not Used	CR506	380	Quantity	O	R 1/15
			Numeric value of quantity		
Not Used	CR507	380	Quantity	O	R 1/15
			Numeric value of quantity		
Not Used	CR508	380	Quantity	O	R 1/15
			Numeric value of quantity		
Not Used	CR509	352	Description	O	AN 1/80
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Situatio	CR510	380	A free-form description to clarify the related data elements and their content <b>Quantity</b> O R 1/15  Numeric value of quantity  Either CR510 or CR511 is required.
			Required on claims which report arterial blood gas.
			ALIAS: Arterial Blood Gas
			NSF Reference: GX0-22.0
Situatio	CR511	380	INDUSTRY: Arterial Blood Gas Quantity Quantity OR 1/15  Numeric value of quantity Either CR510 or CR511 is required.
			Required on claims which report oxygen saturation quantity.
			ALIAS: Oxygen Saturation
			NSF Reference: GX0-23.0
Required	CR512	1349	INDUSTRY: Oxygen Saturation Quantity Oxygen Test Condition Code O ID 1/1 Code indicating the conditions under which a patient was tested ALIAS: Oxygen test condition code  NSF Reference: GX0-26.0
Situatio	CR513	1350	INDUSTRY: Oxygen Test Condition Code  E Exercising  R At rest on room air  S Sleeping  Oxygen Test Findings Code O ID 1/1  Code indicating the findings of oxygen tests performed on a patient  Required if patient's arterial PO <v>2 is greater than 55 mmHg and less than 60</v>
			mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate.  ALIAS: Oxygen test finding code  NSF Reference: GX0-27.0  INDUSTRY: Oxygen Test Findings Code  1 Dependent edema suggesting congestive heart failure
Situatio	CR514	1350	Oxygen Test Findings Code O ID 1/1  Code indicating the findings of oxygen tests performed on a patient  Required if patient's arterial PO <v>2 is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate.</v>
			ALIAS: Oxygen test finding code
			NSF Reference: GX0-27.0
			INDUSTRY: Oxygen Test Findings Code 2 "P" Pulmonale on Electrocardiogram (EKG)

DRAFT							
Situatio	CR515	1350	Oxygen Test Findings Code	O	ID 1/1		
			Code indicating the findings of oxygen tests performed on a	patier	nt		
			Required if patient's arterial PO <v>2 is greater than 55 mmHg and less than 60 mmHg, or oxygen saturation is greater than 88%. Use CR513, CR514, or CR515 as appropriate.</v>				
			ALIAS: Oxygen test finding code				
			NSF Reference: GX0-27.0				
			INDUSTRY: Oxygen Test Findings Code				
			3 Erythrocythemia with a hematocrit greater than 56 percent				
Not Used	CR516	380	Quantity	O	R 1/15		
			Numeric value of quantity				
Not Used	CR517	1382	Oxygen Delivery System Code	O	ID 1/1		
			Code to indicate if a particular form of delivery was prescribed				
Not Used	CR518	1348	Oxygen Equipment Type Code	O	ID 1/1		
			Code indicating the specific type of equipment being prescr delivery of oxygen	ibed fo	or the		

Segment: CRC Ambulance Certification

**Position:** 450

**Loop:** 2400 Optional (Must Use)

Level: Summary Usage: Optional Max Use: 3

Purpose: To supply

Syntax Notes:

To supply information on conditions

**Semantic Notes:** 1 CRC01 qualifies CRC03 through CRC07.

2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the

condition codes in CRC03 through CRC07 do not apply.

**Comments:** 

**Notes:** 

The maximum number of CRC segments which can occur per 2400 loop is 3. Submitters are free to mix and match the three types of service line level CRC segments shown in this implementation guide to meet their billing/reporting needs but no more than a total

of 3 CRC segments per 2400 loop are allowed.

Required on all service lines which bill/report ambulance services if the information is different when CRC01=07 in Loop ID-2300.

			Data Elen	nent Summary		
	Ref. Des.	Data <u>Element</u>	Name		A ++-	ributes
Required	CRC01	1136	Code Category		M	ID 2/2
•				ion or category to which the code applies		
			INDUSTRY: Code			
			07	Ambulance Certification		
Required	CRC02	1073	Yes/No Condition	or Response Code	$\mathbf{M}$	ID 1/1
			Code indicating a Y	Yes or No condition or response		
			ALIAS: Certification	on Condition Code, Ambulance Certificat	ion	
			INDUSTRY: Certi	fication Condition Indicator		
			N	No		
			Y	Yes		
Required	CRC03	1321	<b>Condition Indicate</b>	or	$\mathbf{M}$	ID 2/2
			Code indicating a c			
			The codes for CRC	03 also can be used for CRC04 through C	RC0	7.
			ALIAS: Condition	Indicator		
			INDUSTRY: Cond	ition Code		
			01	Patient was admitted to a hospital		
				GA0-06.0		
			02	Patient was bed confined before the am	bulan	ce service
				GA0-08.0		
			03	Patient was bed confined after the ambu	llance	e service
				GA0-09.0		
			04	Patient was moved by stretcher		
				GA0-10.0		
			05	Patient was unconscious or in shock		
				GA0-11.0		
			06	Patient was transported in an emergency	/ situa	ation

07

GA0-12.0

Patient had to be physically restrained

			GAO 13 O		
		00			
		00			
		00		carv	
		0)		sai y	
		60		lity	
		00	_	nty	
CRC04	1321	Condition Indicate		0	ID 2/2
011001					
		_			
		rioquiro ir ucumo.			
		Use the codes listed	l in CRC03.		
		ATTAC CONTRA	r		
		ALIAS: Condition	Indicator		
		INDUSTRY: Cond	ition Code		
CRC05	1321			O	ID 2/2
		Code indicating a c	ondition		
		Required if addition	nal condition codes are needed.		
			11. 00.000		
		Use the codes listed	in CRC03.		
		ALIAS: Condition	Indicator		
CRC06	1321			O	ID 2/2
		_			
		Required if addition	nal condition codes are needed.		
		Use the codes listed	l in CRC03.		
		ALIAS: Condition	Indicator		
		INDUSTRY: Cond	ition Code		
CRC07	1321			o	ID 2/2
		· ·			
		•			
		Use the codes listed	l in CRC03.		
		ALIAS: Condition	Indicator		
		INDUSTRY: Cond	ition Code		
	CRC06	CRC05 1321 CRC06 1321	Code indicating a concept of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed Code indicating a condition of the codes listed ALIAS: Condition of the codes listed Code indicating a condition of the codes listed Code indicating a condition of the codes listed Code indicating a condition of the codes listed ALIAS: Condition of the codes listed Code indicating a condition of the codes listed Code indicating a condition of the codes listed Code indicating a condition of the codes listed Code indicating a condition of the codes listed Code indicating a condition of the codes listed Code indicating a condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALIAS: Condition of the codes listed ALI	GA0-14.0  Ambulance service was medically neces GA0-16.0  60 Transportation Was To the Nearest Faci GA0-24.0  CRC04 1321 Condition Indicator Code indicating a condition Required if additional condition codes are needed.  Use the codes listed in CRC03.  ALIAS: Condition Indicator  INDUSTRY: Condition Code Condition Indicator Code indicating a condition Required if additional condition codes are needed.  Use the codes listed in CRC03.  ALIAS: Condition Indicator  INDUSTRY: Condition Codes are needed.  Use the codes listed in CRC03.  ALIAS: Condition Indicator  INDUSTRY: Condition Code Code indicating a condition Required if additional condition codes are needed.  Use the codes listed in CRC03.  ALIAS: Condition Indicator  INDUSTRY: Condition Codes are needed.  Use the codes listed in CRC03.  ALIAS: Condition Indicator  INDUSTRY: Condition Code	O8 Patient had visible hemorrhaging GA0-14.0 O9 Ambulance service was medically necessary GA0-16.0 Transportation Was To the Nearest Facility GA0-24.0  CRC04 1321 Condition Indicator OCode indicating a condition Required if additional condition codes are needed. Use the codes listed in CRC03. ALIAS: Condition Indicator INDUSTRY: Condition Code Condition Indicator Code indicating a condition Required if additional condition codes are needed. Use the codes listed in CRC03. ALIAS: Condition Indicator INDUSTRY: Condition Code are needed. Use the codes listed in CRC03. ALIAS: Condition Indicator INDUSTRY: Condition Code Condition Indicator Code indicating a condition Required if additional condition codes are needed. Use the codes listed in CRC03. ALIAS: Condition Indicator INDUSTRY: Condition Code Condition Indicator Code indicating a condition Required if additional condition codes are needed. Use the codes listed in CRC03. ALIAS: Condition Indicator Code indicating a condition Required if additional condition codes are needed. Use the codes listed in CRC03. ALIAS: Condition Indicator Code indicating a condition codes are needed. Use the codes listed in CRC03. ALIAS: Condition Indicator

Segment: CRC Hospice Employee Indicator

**Position:** 450

**Loop:** 2400 Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 1

Purpose: To su

To supply information on conditions

Syntax Notes:

**Semantic Notes:** 1 CRC01 qualifies CRC03 through CRC07.

2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.

**Comments:** 

**Notes:** The example shows the method used to indicate whether the rendering provider is an

employee of the hospice.

The maximum number of CRC segments which can occur per 2400 loop is 3. Submitters are free to mix and match the three types of service line level CRC segments shown in this implementation guide to meet their billing/reporting needs but no more than a total of 3 CRC segments per 2400 loop are allowed.

Required on all Medicare claims involving physician services to hospice patients.

	Ref.	Data	Dutu Lieme	nt Summary		
	Des.	<b>Element</b>	<u>Name</u>		Att	<u>ributes</u>
Required	CRC01	1136	Code Category		M	ID 2/2
			Specifies the situation	n or category to which the code applies		
			INDUSTRY: Code C	Category		
			70	Hospice		
Required	CRC02	1073	Yes/No Condition o	r Response Code	$\mathbf{M}$	<b>ID</b> 1/1
			Code indicating a Ye	es or No condition or response		
				s the provider is employed by the hospid	ce. A	"N" value
			indicates the provide	r is not employed by the hospice.		
			ALIAS: Hospice Em	ployee Indicator		
			NSF Reference: FA0	-40.0		
			-	e Employed Provider Indicator		
			N	No		
	~~~		Y	Yes		
Required	CRC03	1321	Condition Indicator		M	ID 2/2
			_	Code indicating a condition		
			INDUSTRY: Conditi			
				Open		
				Use this code as a place holder (elemen when reporting whether the provider is employee.		
Not Used	CRC04	1321	<b>Condition Indicator</b>		O	ID 2/2
			Code indicating a co	ndition		
Not Used	CRC05	1321	<b>Condition Indicator</b>	•	O	ID 2/2
			Code indicating a co	ndition		
Not Used	CRC06	1321	<b>Condition Indicator</b>	•	O	ID 2/2
			Code indicating a co	ndition		
Not Used	CRC07	1321	<b>Condition Indicator</b>		O	ID 2/2
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Code indicating a condition

Segment: CRC DMERC Condition Indicator

**Position:** 450

**Loop:** 2400 Optional (Must Use)

Level: Summary Usage: Optional Max Use: 2

Purpose: 7

To supply information on conditions

Syntax Notes:

**Semantic Notes:** 1 CRC01 qualifies CRC03 through CRC07.

2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.

#### **Comments:**

**Notes:** Required on all oxygen therapy and DME claims that require a certificate of medical necessity (CMN).

The maximum number of CRC segments which can occur per 2400 loop is 3. Submitters are free to mix and match the three types of service line level CRC segments shown in this implementation guide to meet their billing/reporting needs but no more than a total of 3 CRC segments per 2400 loop are allowed.

The first example shows a case where an item billed was not a replacement item.

#### **Data Element Summary**

			Data Licin	ent Summary		
	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>		Attr	<u>ibutes</u>
Required	CRC01	1136	Code Category		M	ID 2/2
			Specifies the situation	on or category to which the code applies		
			INDUSTRY: Code	Category		
			09	Durable Medical Equipment Certification	n	
				Prescription describing the need for dura equipment; usually included are the diag estimated duration of need		
			11	Oxygen Therapy Certification		
Required	CRC02	1073	Yes/No Condition	or Response Code	M	<b>ID</b> 1/1
			Code indicating a Y	es or No condition or response		
			ALIAS: Certification	on Condition Code Applies Indicator		
			INDUSTRY: Certif	ication Condition Indicator		
			N	No		
			Y	Yes		
Required	CRC03	1321	<b>Condition Indicato</b>	or	$\mathbf{M}$	ID 2/2
			Code indicating a c	ondition		

Use "P1" (GX0-20.0) to answer the Medicare Oxygen CMN question: "The test was performed either with the patient in a chronic stable state as an outpatient or within two days prior to discharge from an inpatient facility to home."

Code ZV was approved by ASC X12 in the version 004011 Data Dictionary but is included in this guide to provide standard way to report DMERC claims within the HIPAA implementation time frame. It is recommended that entities who have a need to submit or receive DMERC claims customize their 004010 translator map to allow this exception code.

ALIAS: Condition Indicator

**INDUSTRY: Condition Indicator** 

DRAFT			37	Oxygen delivery equipment is stationary	7	
				GX0-05.0		
			38	Certification signed by the physician is supplier's office GX0-35.0	on fil	le at the
				GU0-24.0		
			AL	Ambulation Limitations		
				GX0-05.0		
			P1	Patient was Discharged from the First F	acilit	У
				GX0-20.0		
			ZV			
				GU0-06.0		
Situatio	CRC04	1321	Condition Indicate	r	O	ID 2/2
			Code indicating a c	ondition		
			Required if addition	nal condition codes are needed.		
			Use the codes listed	l in CRC03.		
			ALIAS: Condition l	Indicator		
Situatio	CRC05	1321	INDUSTRY: Condition Indicate		o	ID 2/2
			Code indicating a c	ondition		
			Required if addition	nal condition codes are needed.		
			Use the codes listed	in CRC03.		
			ALIAS: Condition l	Indicator		
			INDUSTRY: Condi	tion Indicator		
Situatio	CRC06	1321	<b>Condition Indicato</b>		O	ID 2/2
			Code indicating a c	ondition		
			Required if addition	nal condition codes are needed.		
			Use the codes listed	l in CRC03.		
			ALIAS: Condition 1	Indicator		
Situatio	CRC07	1321	INDUSTRY: Condi Condition Indicate		o	ID 2/2
			Code indicating a c	ondition		
			Required if addition	nal condition codes are needed.		
			Use the codes listed			
			ATTAC. C 1''	(-d:		
			ALIAS: Condition l	indicator		
			INDUSTRY: Condi	tion Indicator		

DTP Date - Service Date **Segment:** 

**Position:** 455

> 2400 Loop: Optional (Must Use)

Level: Summary

Optional (Must Use) **Usage:** 

Max Use:

To specify any or all of a date, a time, or a time period **Purpose:** 

**Syntax Notes: Semantic Notes:** 

DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

Notes: The total number of DTP segments in the 2400 loop cannot exceed 15.

> In cases where a drug is being billed on a service line, the Date of Service DTP may be used to indicate the range of dates through which the drug will be used by the patient. Use RD8 for this purpose.

In cases where a drug is being billed on a service line, the Date of Service DTP is used to indicate the date the prescription was written (or otherwise communicated by the prescriber if not written).

#### **Data Element Summary**

			Duta Di	omene summur y		
	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>		<u>Attr</u>	<u>ibutes</u>
Required	DTP01	374	Date/Time Qual	ifier	$\mathbf{M}$	ID 3/3
			Code specifying	type of date or time, or both date and time		
			INDUSTRY: Da	te Time Qualifier		
			472	Service		
				Begin and end dates of the service beir	ng reno	dered
				Use RD8 in DTP02 to indicate begin/e	nd or	from/to
				dates.		
Required	DTP02	1250	Date Time Perio	od Format Qualifier	M	ID 2/3

Code indicating the date format, time format, or date and time format

INDUSTRY: Date Time Period Format Qualifier

D8 Date Expressed in Format CCYYMMDD

RD8 Range of Dates Expressed in Format CCYYMMDD-

CCYYMMDD

A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and

the second occurrence is the ending date

Use RD8 if it is necessary to indicate begin/end dates. Date range indicates drug duration for which the supply of drug be will used by the patient. The difference in dates, including both the begin and end dates, are the days supply of the drug. Example: 20000101 - 20000107 (1/1/00 to 1/7/00) is used for a 7 day supply where the first day of the drug used by the patient is 1/1/00. In the event a drug is administered on less than a daily basis (e.g., every other day) the date range would include the entire period during which the drug was supplied, including the last day the drug was used. Example: 20000101 - 20000108 (1/1/00 to 1/8/00) is used for an 8 days supply where the prescription is written for Q48 (every 48 hours), four doses of the drug are dispensed and

Required DTP03 1251 Date Time Period M AN 1/35

Expression of a date, a time, or range of dates, times or dates and times

NSF Reference: FA0-05.0, FA0-06.0

INDUSTRY: Service Date

Segment:  ${f DTP}$  Date - Certification Revision Date

**Position:** 455

**Loop:** 2400 Optional (Must Use)

Level: Summary
Usage: Optional

Max Use: 1

Purpose: To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required if CR301 (DMERC Certification) = "R" or "S".

The total number of DTP segments in the 2400 loop cannot exceed 15.

## **Data Element Summary**

Required	Ref. <u>Des.</u> DTP01	Data Element 374	Name Date/Time Qualifier	<u>Attı</u> M	ributes ID 3/3
			Code specifying type of date or time, or both date and time	;	
			INDUSTRY: Date Time Qualifier		
			607 Certification Revision		
Required	DTP02	1250	Date Time Period Format Qualifier	M	ID 2/3
			Code indicating the date format, time format, or date and ti	me forr	nat
			INDUSTRY: Date Time Period Format Qualifier		
			D8 Date Expressed in Format CCYYMM	DD	
Required	DTP03	1251	Date Time Period	$\mathbf{M}$	AN 1/35
			Expression of a date, a time, or range of dates, times or dat	es and	times

NSF Reference: GU0-20.0, GX0-11.0

INDUSTRY: Certification Revision Date

Segment: DTP Date - Referral Date

**Position:** 455

**Loop:** 2400 Optional (Must Use)

Level: Summary
Usage: Optional

Max Use: 1

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:** 

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required when service line includes a referral.

The total number of DTP segments in the 2400 loop cannot exceed 15.

			Data ER	ment Summary		
	Ref.	Data				
	Des.	Element	Name		Attr	ributes
Required	DTP01	374	Date/Time Qual	ifier	M	ID 3/3
			Code specifying	type of date or time, or both date and time		
			INDUSTRY: Dat	te Time Qualifier		
			330	Referral Date		
				The date when an educational official or recommends that a student be evaluated a special education or other program		
Required	DTP02	1250	Date Time Perio	d Format Qualifier	M	ID 2/3
			Code indicating t	he date format, time format, or date and tim	ne form	nat
			INDUSTRY: Dat	te Time Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMD	DD	
Required	DTP03	1251	Date Time Perio	od	$\mathbf{M}$	AN 1/35
			Expression of a d	ate, a time, or range of dates, times or dates	s and t	times
			INDUSTRY: Ref	ferral Date		

Segment: DTP Date - Begin Therapy Date

**Position:** 455

**Loop:** 2400 Optional (Must Use)

Level: Summary
Usage: Optional

Max Use: 1

Purpose: To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required if it is necessary to include supporting documentation in an electronic form for

Medicare DMERC claims for which the provider is required to obtain a certificate of

medical necessity (CMN) from the physician.

The total number of DTP segments in the 2400 loop cannot exceed 15.

#### **Data Element Summary**

	Ref.	Data	Duta Brom	cht Summary		
	Des.	<b>Element</b>	<u>Name</u>		Attr	<u>ibutes</u>
Required	DTP01	374	Date/Time Qualific	er	M	ID 3/3
			Code specifying typ	be of date or time, or both date and time		
			INDUSTRY: Date	Гime Qualifier		
			463	Begin Therapy		
				Date treatment of physical or mental dis	sordei	started
Required	DTP02	1250	Date Time Period	Format Qualifier	M	ID 2/3
			Code indicating the	date format, time format, or date and tim	e forn	nat
			INDUSTRY: Date 7	Гime Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMD	D	
Required	DTP03	1251	<b>Date Time Period</b>		M	AN 1/35
			Expression of a date	e, a time, or range of dates, times or dates	and t	imes
			NSF Reference: GU	J0-19.0, GX0-10.0		

INDUSTRY: Begin Therapy Date

 $\operatorname{\mathbf{DTP}}$  Date - Last Certification Date **Segment:** 

**Position:** 455

2400 Loop: Optional (Must Use)

Level: Summary Usage: Optional

Max Use:

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:** 

**Semantic Notes:** DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required if it is necessary to include supporting documentation in an electronic form for Medicare DMERC claims for which the provider is required to obtain a certificate of

medical necessity (CMN) from the physician.

Required on oxygen therapy certificates of medical necessity (CMN). This is the date the

ordering physician signed the CMN.

The total number of DTP segments in the 2400 loop cannot exceed 15.

#### **Data Element Summary**

	Ref. Des.	Data <u>Element</u>	<u>Name</u>		<u>Attr</u>	<u>ibutes</u>
Required	DTP01	374	Date/Time Qualifier		M	ID 3/3
			Code specifying type	of date or time, or both date and time		
			INDUSTRY: Date Ti	me Qualifier		
			461	Last Certification		
				Date of the most recent document attest	ing to	a fact
Required	DTP02	1250	Date Time Period F	ormat Qualifier	$\mathbf{M}$	ID 2/3
			Code indicating the d	ate format, time format, or date and time	e forn	nat
			INDUSTRY: Date Ti	me Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMD	D	
Required	DTP03	1251	<b>Date Time Period</b>		$\mathbf{M}$	AN 1/35
			Expression of a date,	a time, or range of dates, times or dates	and t	imes
			NSF Reference: GX0	-11.0, GU0-22.0		

INDUSTRY: Last Certification Date

Segment: **DTP** Date - Order Date

**Position:** 455

**Loop:** 2400 Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required when service line includes an order for services or supplies.

The total number of DTP segments in the 2400 loop cannot exceed 15.

			Data Element Summary		
	Ref. Des.	Data Element	Name	Attr	ibutes
Required	DTP01	374	Date/Time Qualifier	M	ID 3/3
			Code specifying type of date or time, or both date and t	ime	
			INDUSTRY: Date Time Qualifier		
			938 Order		
Required	DTP02	1250	Date Time Period Format Qualifier	M	ID 2/3
			Code indicating the date format, time format, or date ar	d time form	nat
			INDUSTRY: Date Time Period Format Qualifier		
			D8 Date Expressed in Format CCYY	MMDD	
Required	DTP03	1251	Date Time Period	M	AN 1/35
			Expression of a date, a time, or range of dates, times or	dates and t	times
			INDUSTRY: Order Date		

Segment: DTP Date - Date Last Seen

**Position:** 455

**Loop:** 2400 Optional (Must Use)

Level: Summary
Usage: Optional

Max Use:

Purpose: To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

Notes: Required when claim is from an independent physical therapist, occupational therapist, or

physician providing routine footcare if the date last seen by an attending or supervising

physician is different from that listed at the claim level (Loop ID-2300).

The total number of DTP segments in the 2400 loop cannot exceed 15.

#### **Data Element Summary**

			Data Elem	ent Summary		
	Ref.	Data Element	Name		A ++-	ributes
	Des.				Atti	
Required	DTP01	374	Date/Time Qualific	er	M	ID 3/3
			Code specifying typ	e of date or time, or both date and time		
			INDUSTRY: Date 7	Гime Qualifier		
			304	Latest Visit or Consultation		
				Date subscriber or dependent last visite with a physician	d or c	consulted
Required	DTP02	1250	Date Time Period	Format Qualifier	$\mathbf{M}$	ID 2/3
			Code indicating the	date format, time format, or date and time	e forn	nat
			INDUSTRY: Date 7	Time Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMD	D	
Required	DTP03	1251	<b>Date Time Period</b>		$\mathbf{M}$	AN 1/35
			Expression of a date	, a time, or range of dates, times or dates	and t	times
			NSF Reference: EA	0-48.0		

INDUSTRY: Last Seen Date

Segment: **DTP** Date - Test

**Position:** 455

**Loop:** 2400 Optional (Must Use)

Level: Summary
Usage: Optional

Max Use: 2

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required on initial EPO claims service lines where test results are being billed/reported.

The total number of DTP segments in the 2400 loop cannot exceed 15.

**Data Element Summary** 

	Ref.	Data	Data Element Summary	
	Des.	<b>Element</b>	<u>Name</u>	<u>Attributes</u>
Required	DTP01	374	Date/Time Qualifier	M ID 3/3
			Code specifying type of date or time, or both da	te and time
			INDUSTRY: Date Time Qualifier	
			738 Most Recent Hemoglobin of	or Hematocrit or Both
			739 Most Recent Serum Creatin	ne
Required	DTP02	1250	<b>Date Time Period Format Qualifier</b>	M ID 2/3
			Code indicating the date format, time format, or	date and time format
			INDUSTRY: Date Time Period Format Qualifie	er
			D8 Date Expressed in Format	CCYYMMDD
Required	DTP03	1251	<b>Date Time Period</b>	M AN 1/35
			Expression of a date, a time, or range of dates, ti	imes or dates and times
			NSF Reference: FA0-41.0, FA0-46.0	

**INDUSTRY:** Test Performed Date

Segment:  ${f DTP}$  Date - Oxygen Saturation/Arterial Blood Gas Test

**Position:** 455

**Loop:** 2400 Optional (Must Use)

Level: Summary Usage: Optional Max Use: 3

Purpose: To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required on initial oxygen therapy service line(s) involving certificate of medical

necessity (CMN).

The total number of DTP segments in the 2400 loop cannot exceed 15.

# **Data Element Summary**

			Data Elem	ent Summary	
Required	Ref. <u>Des.</u> DTP01	Data Element 374	<u>Name</u> Date/Time Qualifi	er	Attributes M ID 3/3
			Code specifying typ	be of date or time, or both date and time	
			INDUSTRY: Date		
			119	Test Performed	
			480	Use for any 4 liter/minute test date. Res date are reported in MEA03 using eithe qualifiers in MEA02.  Arterial Blood Gas Test	
			481	Date of test to determine gas content in from the heart, at rest, breathing room a Do not use to report any 4 liter/minute t for the arterial blood gas test are reported Oxygen Saturation Test	ir est date. Results
				Date on which oxygen saturation testing	g occurred
Required	DTP02	1250	Date Time Period	Do not use to report any 4 liter/minute t for the oxygen saturation test are report	est date. Results
			Code indicating the	date format, time format, or date and tim	e format
			INDUSTRY: Date	Time Period Format Qualifier	
			D8	Date Expressed in Format CCYYMMD	D
Required	DTP03	1251	Date Time Period Expression of a date NSF Reference: GX	e, a time, or range of dates, times or dates X0-19.0, GX0-24.0	M AN 1/35 and times

INDUSTRY: Oxygen Saturation Test Date

DTP Date - Shipped **Segment:** 

**Position:** 455

2400 Loop: Optional (Must Use)

Level: Summary Usage: Optional Max Use:

To specify any or all of a date, a time, or a time period **Purpose:** 

**Syntax Notes:** 

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required when billing/reporting shipped products.

The total number of DTP segments in the 2400 loop cannot exceed 15.

Required	Ref. <u>Des.</u> DTP01	Data <u>Element</u> 374	Name Date/Time Qualifier	<u>Attı</u> M	ributes ID 3/3
			Code specifying type of date or time, or both date and time	ie	
			INDUSTRY: Date Time Qualifier		
			O11 Shipped		
Required	DTP02	1250	Date Time Period Format Qualifier	M	ID 2/3
			Code indicating the date format, time format, or date and	ime forr	nat
			INDUSTRY: Date Time Period Format Qualifier		
			D8 Date Expressed in Format CCYYMN	MDD	
Required	DTP03	1251	Date Time Period	M	AN 1/35
			Expression of a date, a time, or range of dates, times or da INDUSTRY: Shipped Date	ites and	times

Segment:  ${f DTP}$  Date - Onset of Current Symptom/Illness

**Position:** 455

**Loop:** 2400 Optional (Must Use)

Level: Summary
Usage: Optional

Max Use: 1

Purpose: To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required if different from that entered at claim level (Loop ID-2300).

Required on claims involving services to a patient experiencing symptoms similar or

identical to previously reported symptoms.

The total number of DTP segments in the 2400 loop cannot exceed 15.

# **Data Element Summary**

	Ref.	Data	2 2.0	S		
	Des.	Element	<u>Name</u>		Attr	<u>ibutes</u>
Required	DTP01	374	Date/Time Qualifie	r	$\mathbf{M}$	ID 3/3
			Code specifying type	e of date or time, or both date and time		
			INDUSTRY: Date T	ime Qualifier		
			431	Onset of Current Symptoms or Illness		
				Date first symptoms appeared		
Required	DTP02	1250	Date Time Period F	Format Qualifier	$\mathbf{M}$	ID 2/3
			Code indicating the	date format, time format, or date and time	forn	nat
			INDUSTRY: Date T	ime Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMD	D	
Required	DTP03	1251	<b>Date Time Period</b>		$\mathbf{M}$	AN 1/35
			Expression of a date,	, a time, or range of dates, times or dates	and t	imes
			NSF Reference: EAG	0-07.0, EA0-16.0		

INDUSTRY: Onset Date

Segment: DTP Date - Last X-ray

**Position:** 455

**Loop:** 2400 Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required for spinal manipulation certifications if different than information at claim level

(Loop ID-2300).

The total number of DTP segments in the 2400 loop cannot exceed 15.

			Data	Element Summary		
Required	Ref. <u>Des.</u> DTP01	Data Element 374	<u>Name</u> Date/Time Qu	ıalifier	Attr M	ributes ID 3/3
			Code specifyii	ng type of date or time, or both date and time		
			INDUSTRY:	Date Time Qualifier		
			455	Last X-Ray		
				Date of the most recent x-ray		
Required	DTP02	1250	<b>Date Time Pe</b>	riod Format Qualifier	$\mathbf{M}$	ID 2/3
			Code indicatin	g the date format, time format, or date and time	e form	nat
			INDUSTRY:	Date Time Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMD	D	
Required	DTP03	1251	<b>Date Time Pe</b>	riod	$\mathbf{M}$	AN 1/35
			Expression of	a date, a time, or range of dates, times or dates	and t	times
			NSF Referenc	e: GC0-06.0		
			INDUSTRY:	Last X-Ray Date		

Segment: DTP Date - Acute Manifestation

**Position:** 455

**Loop:** 2400 Optional (Must Use)

Level: Summary
Usage: Optional

Max Use:

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes:

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

Notes: Required for spinal manipulation certifications if different than information at claim level

(Loop ID-2300).

The total number of DTP segments in the 2400 loop cannot exceed 15.

# **Data Element Summary**

			Data Licin	cht Summar y		
Required	Ref. <u>Des.</u> DTP01	Data Element 374	Name Date/Time Qualific	er	Attr M	ributes ID 3/3
			Code specifying typ	be of date or time, or both date and time		
			INDUSTRY: Date	Time Qualifier		
			453	Acute Manifestation of a Chronic Cond	ition	
				Date serious symptoms were exhibited illness	for a	long term
Required	DTP02	1250	Date Time Period	Format Qualifier	M	ID 2/3
			Code indicating the	date format, time format, or date and tim	e forr	nat
			INDUSTRY: Date 7	Гime Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMD	D	
Required	DTP03	1251	<b>Date Time Period</b>		M	AN 1/35
			Expression of a date	e, a time, or range of dates, times or dates	and t	times
			NSF Reference: GC	0-12.0		

INDUSTRY: Acute Manifestation Date

DTP Date - Initial Treatment **Segment:** 

**Position:** 455

2400 Optional (Must Use) Loop:

Level: Summary Usage: Optional Max Use:

To specify any or all of a date, a time, or a time period **Purpose:** 

**Syntax Notes:** 

**Semantic Notes:** DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required for spinal manipulation certifications if different than information at claim level

(Loop ID-2300).

The total number of DTP segments in the 2400 loop cannot exceed 15.

#### **Data Element Summary**

				J		
Required	Ref. <u>Des.</u> DTP01	Data Element 374	Name Date/Time Qualific	er	Attr M	ributes ID 3/3
			Code specifying typ	be of date or time, or both date and time		
			INDUSTRY: Date	Гime Qualifier		
			454	Initial Treatment		
				Date medical treatment first began		
Required	DTP02	1250	<b>Date Time Period</b>	Format Qualifier	$\mathbf{M}$	ID 2/3
			Code indicating the	date format, time format, or date and time	e form	nat
			INDUSTRY: Date	Гime Period Format Qualifier		
			D8	Date Expressed in Format CCYYMMD	D	
Required	DTP03	1251	<b>Date Time Period</b>		$\mathbf{M}$	AN 1/35
			Expression of a date	e, a time, or range of dates, times or dates	and t	times
			NSF Reference: GO	0-05.0		

NSF Reference: GC0-05.0

INDUSTRY: Initial Treatment Date

 ${f DTP}$  Date - Similar Illness/Symptom Onset **Segment:** 

**Position:** 455

2400 Loop: Optional (Must Use)

Level: Summary **Usage:** Optional

Max Use:

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:** 

**Semantic Notes:** DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

**Notes:** Required if line value is different than value given at claim level (Loop ID-2300) and

claim involves services to a patient experiencing symptoms similar or identical to

previously reported symptoms.

The total number of DTP segments in the 2400 loop cannot exceed 15.

#### **Data Element Summary**

			Data Elemen	it Summar y		
	Ref. Des.	Data <u>Element</u>	Name		Attr	<u>ibutes</u>
Required	DTP01	374	Date/Time Qualifier		M	ID 3/3
			Code specifying type	of date or time, or both date and time		
			INDUSTRY: Date Ti	me Qualifier		
			438	Onset of Similar Symptoms or Illness		
			I	Date symptoms related to current illness	s first	appeared
Required	DTP02	1250	Date Time Period Fo	ormat Qualifier	$\mathbf{M}$	ID 2/3
			Code indicating the da	ate format, time format, or date and time	e forn	nat
			INDUSTRY: Date Ti	me Period Format Qualifier		
			D8 I	Date Expressed in Format CCYYMMD	D	
Required	DTP03	1251	<b>Date Time Period</b>		$\mathbf{M}$	AN 1/35
			Expression of a date,	a time, or range of dates, times or dates	and t	imes
			INDUSTRY: Similar	Illness or Symptom Date		

INDUSTRY: Similar Illness or Symptom Date

Segment: QTY Anesthesia Modifying Units

**Position:** 460

**Loop:** 2400 Optional (Must Use)

Level: Summary Usage: Optional Max Use: 5

**Purpose:** To specify quantity information

**Syntax Notes:** 1 At least one of QTY02 or QTY04 is required.

2 Only one of QTY02 or QTY04 may be present.

**Semantic Notes:** 1 QTY04 is used when the quantity is non-numeric.

**Comments:** 

Notes: Required on anesthesia service lines if one or more of the extenuating circumstances

coded in QTY01 was present at the time of service.

			Data Elem	ent Summary
Required	Ref. <u>Des.</u> QTY01	Data Element 673	Name Quantity Qualifier	Attributes M ID 2/2
			Code specifying the	type of quantity
			INDUSTRY: Quan	tity Qualifier
			BF	Age Modifying Units
			EC	Anesthesia modifying units requested for anesthesia complicated by extreme age of patient, under one year or over seventy years  Use of Extracorporeal Circulation
			EM	Anesthesia modifying unit requested for anesthesia complicated by extra-corporeal circulation heart pump oxygenator bypass or pump assist which is not a usual part of the surgical procedure  Emergency Modifying Units
			НМ	Anesthesia modifying units requested for anesthesia complicated by emergency conditions; an emergency is defined as existing when delay in treatment of the patient would lead to a significant threat to life or body part Use of Hypothermia
			НО	Anesthesia modifying units requested for anesthesia complicated by total body hypothermia Use of Hypotension
			НР	Anesthesia modifying units requested for anesthesia complicated by utilization of controlled hypotension Use of Hyperbaric Pressurization
			Р3	Anesthesia modifying units requested for anesthesia complicated by use of hyperbaric pressure Physical Status III
			P4	Anesthesia modifying units requested for Physical Status III patient, as defined by the American Society of Anesthesiologists Physical Status IV
			P5	Anesthesia modifying units requested for Physical Status IV patient, as defined by the American Society of Anesthesiologists Physical Status V
			SG	Anesthesia modifying units requested for Physical Status V, as defined by the American Society of Anesthesiologists Swan-Ganz
D02734401 (0	0.401037000			Anesthesia modifying units requested for the insertion of

P837V401 (004010X098) 631 August 8, 2001

			anesthesia		
Required	QTY02	380	Quantity	X	R 1/15
			Numeric value of quantity		
			ALIAS: Anesthesia Modifying Units		
			INDUSTRY: Anesthesia Modifying Units		
Not Used	QTY03	C001	Composite Unit of Measure	O	
			To identify a composite unit of measure (See Figures Appea	ndix f	or examples
	000101		of use)		TD 0/0
Not Used	C00101	355	Unit or Basis for Measurement Code	M	ID 2/2
			Code specifying the units in which a value is being expresse which a measurement has been taken	d, or	manner in
Not Used	C00102	1018	Exponent	O	R 1/15
1100 0500	C0010 <b>2</b>	1010	Power to which a unit is raised	Ü	11 1/10
Not Used	C00103	649	Multiplier	O	R 1/10
1100 0500	000100	0.12	Value to be used as a multiplier to obtain a new value	Ü	10 1/10
Not Used	C00104	355	Unit or Basis for Measurement Code	0	ID 2/2
1100 0500	C0010.		Code specifying the units in which a value is being expresse	_	
			which a measurement has been taken	u, or	
Not Used	C00105	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
Not Used	C00106	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	C00107	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expresse	d, or	manner in
N T	G00100	1010	which a measurement has been taken	•	D 4/4 F
Not Used	C00108	1018	Exponent	О	R 1/15
N 4 T 1	C00100	C 40	Power to which a unit is raised	0	D 1/10
Not Used	C00109	649	Multiplier	О	R 1/10
Nat Haad	C00110	255	Value to be used as a multiplier to obtain a new value  Unit or Basis for Measurement Code	0	ID 2/2
Not Used	C00110	355		0	ID 2/2
			Code specifying the units in which a value is being expresse which a measurement has been taken	u, or r	manner m
Not Used	C00111	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
Not Used	C00112	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	C00113	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expresse	d, or	manner in
			which a measurement has been taken		
Not Used	C00114	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
Not Used	C00115	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	QTY04	61	Free-Form Message	X	AN 1/30
			Free-form information		

DRAFT							
DKAIT		ME	A Test Result				
	Segment:		Test Result				
	Position:	462	O-4:1 (M4 II)				
	Loop: Level:	2400 Summary	Optional (Must Use)				
	Usage:	Optional					
	Max Use:	20					
	Purpose:	To specif	fy physical measurem	ents or counts, including dimensions, tol	erances, variances,		
Syn	tax Notes:	<ul> <li>and weights (See Figures Appendix for example of use of C001)</li> <li>1 At least one of MEA03 MEA05 MEA06 or MEA08 is required.</li> <li>2 If MEA05 is present, then MEA04 is required.</li> <li>3 If MEA06 is present, then MEA04 is required.</li> </ul>					
		<b>4</b> If M	EA07 is present, then	at least one of MEA03 MEA05 or MEA IEA03 may be present.	.06 is required.		
Semar	itic Notes:			f measure for MEA03, MEA05, and ME	A06.		
	comments:			tolerances, any measurement requiring a			
		any 1	measurement where a	positive (+) value cannot be assumed, u			
		_	* *	A06 as the positive (+) value.			
	Notes:			ch bill/report the following: Concentration	on, Hemoglobin,		
		пешаюс	in, Epoetin Starting I	Oosage, Creatin, and Oxygen.			
			Data Eleme	ent Summary			
	Ref.	Data					
D	Des.	<u>Element</u> 737	Name Measurement Refe	war as ID Code	Attributes O ID 2/2		
Required	MEA01	131					
			ALIAS: Measureme	broad category to which a measurement	applies		
			ALIAS: Measureme	nt identifier			
			INDUSTRY: Measu	rement Reference Identification Code			
			OG	Original			
				Starting dosage			
			TR	Test Results			
				Indicates that the data to follow are the	results test		
D . 1	N/E 4 02	<b>5</b> 30	M (0)	measurements	O ID 1/2		
Required	MEA02	738	Measurement Qual		O ID 1/3		
			measurement applies		to which a		
			INDUSTRY: Measu				
			CON	Concentration			
			GRA	The relative amount of a component of product containing multiple component Gas Test Rate	-		
				Volume of gas produced from a well dutest period	ıring a 24-hour		
			HT	Height			
			R1	Hemoglobin			
			R2	Hematocrit			
			R3	Epoetin Starting Dosage			
			R4	Creatin			
			ZO	Oxygen			
Required	MEA03	739	Measurement Valu	e	X R 1/20		

The value of the measurement

**ALIAS: Test Results** 

NSF Reference: FA0-42.0 - Hemoglobin, FA0-43.0 - Hematocrit, FA0-45.0 -Epoetin Starting Dosage, FA0-47.0 - Creatin, GX0-17.0 - Arterial Blood Gas on 4 liters/minute, GX0-18.0 - Oxygen Saturation on 4 liters/minute, GU0-16.0

# - Patient Height

<b>N</b> I 4 <b>T</b> I 1	NELOA	G001	INDUSTRY: Test Results	<b>T</b> 7	
Not Used	MEA04	C001	Composite Unit of Measure	X	
			To identify a composite unit of measure (See Figures Append	dix f	or examples
Not Used	C00101	355	of use) Unit or Basis for Measurement Code	M	ID 2/2
1100 0500	000101		Code specifying the units in which a value is being expressed		
			which a measurement has been taken	,	
Not Used	C00102	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
Not Used	C00103	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	C00104	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expressed	, or	manner in
Not Used	C00105	1018	which a measurement has been taken	0	D 1/15
Not Usea	C00105	1010	Exponent  Power to which a unit is raised	U	R 1/15
Not Used	C00106	649		o	R 1/10
Not Oseu	C00100	049	Multiplier  Value to be used as a multiplier to obtain a new value	U	K 1/10
Not Used	C00107	355	Unit or Basis for Measurement Code	O	ID 2/2
Not Oseu	C00107	333	Code specifying the units in which a value is being expressed	_	
			which a measurement has been taken	, OI .	manner m
Not Used	C00108	1018	Exponent	0	R 1/15
			Power to which a unit is raised		
Not Used	C00109	649	Multiplier	0	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	C00110	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expressed	, or	manner in
Not Used	C00111	1018	which a measurement has been taken  Exponent	o	R 1/15
Not Oseu	CUUIII	1010	Power to which a unit is raised	U	K 1/13
Not Used	C00112	649	Multiplier	o	R 1/10
Not Oscu	C00112	042	Value to be used as a multiplier to obtain a new value	U	K 1/10
Not Used	C00113	355	Unit or Basis for Measurement Code	0	ID 2/2
110t Obcu	000115	000	Code specifying the units in which a value is being expressed	•	12 -/-
			which a measurement has been taken	, -	
Not Used	C00114	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
Not Used	C00115	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	MEA05	740	Range Minimum	X	R 1/20
			The value specifying the minimum of the measurement range		
Not Used	MEA06	741	Range Maximum	X	R 1/20
			The value specifying the maximum of the measurement range		
Not Used	MEA07	935	Measurement Significance Code	O	ID 2/2
• • • • •	3.477.4.00	0.2 -	Code used to benchmark, qualify or further define a measurer		
Not Used	MEA08	936	Measurement Attribute Code	X	ID 2/2
			Code used to express an attribute response when a numeric me cannot be determined	ieast	irement value
Not Used	MEA09	752	Surface/Layer/Position Code	o	ID 2/2
		-	Code indicating the product surface, layer or position that is b		
Not Used	MEA10	1373	Measurement Method or Device	0	ID 2/4
	0.40103/000		(24		A 4.9.2001

The method or device used to record the measurement

CN1 Contract Information **Segment: Position:** 2400 Loop: Optional (Must Use) Level: Summary **Usage:** Optional Max Use: **Purpose:** To specify basic data about the contract or contract line item **Syntax Notes:** CN102 is the contract amount. **Semantic Notes:** 2 CN103 is the allowance or charge percent. 3 CN104 is the contract code. CN106 is an additional identifying number for the contract. **Comments: Notes:** Information contained at this level overwrites CN1 information at the claim level for this specific service line.

	<b>D</b> 4	<b>.</b>	Data Elem	ent Summary
Required	Ref. <u>Des.</u> CN101	Data <u>Element</u> 1166	Name Contract Type Cod Code identifying a c The developers of tl CN101 for capitated	contract type his implementation guide recommend always providing
			ALIAS: Contract ty	pe code
			INDUSTRY: Contr	act Type Code
			01	Diagnosis Related Group (DRG)
			02	A patient classification scheme, which provides means of relating the type of patients a hospital treats to the costs incurred by the hospital, to determine quality of care and utilization of services in a hospital setting
			02	Per Diem A contract which allows certain charges to be on a rate
			03	per day basis Variable Per Diem
			04	A contract which allows certain charges to be on a rate per day basis, where the rate may not remain constant Flat
			0.5	A contract between the provider of service and the destination payor whereby the flat rate charges may differ from the total itemized charges
			05	Capitated  A contract between the provider of service and the destination payor which allows payment to the provider of service on a per member per month basis
			06	Percent
G*4 4*	CNIAA	502	09	Other Other
Situatio	CN102	782	Monetary Amount Monetary amount	O R 1/18
			•	tion is different than that given at claim level (Loop ID-
			ALIAS: Contract A	mount
			INDUSTRY: Contra	act Amount
Situatio	CN103	332	Percent	O R 1/6

Percent expressed as a percent

Required if information is different than that given at claim level (Loop ID-2300).

ALIAS: Contract Allowance or Charge Percent

INDUSTRY: Contract Percentage

#### Situatio CN104 127 Reference Identification

O AN 1/30

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

Required if information is different than that given at claim level (Loop ID-2300).

ALIAS: Contract Code

INDUSTRY: Contract Code

#### Situatio CN105 338 Terms Discount Percent

O R 1/6

Terms discount percentage, expressed as a percent, available to the purchaser if an invoice is paid on or before the Terms Discount Due Date

Required if information is different than that given at claim level (Loop ID-

Required if information is different than that given at claim level (Loop ID-2300).

ALIAS: Terms discount percent

INDUSTRY: Terms Discount Percentage

# Situatio CN106 799 Version Identifier

O AN 1/30

Revision level of a particular format, program, technique or algorithm Required if information is different than that given at claim level (Loop ID-2300).

**ALIAS: Contract Version** 

INDUSTRY: Contract Version Identifier

Segment:  $\operatorname{REF}$  Repriced Line Item Reference Number

**Position:** 470

**Loop:** 2400 Optional (Must Use)

Level: Summary
Usage: Optional

Max Use: 1

**Notes:** 

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

REF04 contains data relating to the value cited in REF02.

This segment is intended to be used exclusively by repricing (pricing) organizations who have a need to identify a certain line in their claim submission transmission to their payer organization.

	Ref. Des.	Data Element	Name	A 44.	ibutes
Required	REF01	128	Reference Identification Qualifier		ID 2/3
Required	KLIVI	120	Code qualifying the Reference Identification	141	10 2/3
			INDUSTRY: Reference Identification Qualifier		
			9B Repriced Line Item Reference Number		
Required	REF02	127	Reference Identification	X	AN 1/30
Kequireu	KETU2	147			
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier INDUSTRY: Repriced Line Item Reference Number	. Set 0	or as
Not Used	REF03	352	Description	$\mathbf{X}$	AN 1/80
			A free-form description to clarify the related data elements a	nd the	eir content
Not Used	REF04	C040	Reference Identifier	O	
			To identify one or more reference numbers or identification a specified by the Reference Qualifier	ıumbe	ers as
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as

Segment:  ${f REF}$  Adjusted Repriced Line Item Reference Number

**Position:** 470

**Loop:** 2400 Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

**Notes:** 

1 REF04 contains data relating to the value cited in REF02.

This segment is intended to be used exclusively by repricing (pricing) organizations who have a need to identify a certain line in their claim submission transmission to their payer organization.

	Ref. Des.	Data Element	Name	Δttı	<u>ibutes</u>
Required	<u>BCS.</u> REF01	128	Reference Identification Qualifier	M	ID 2/3
•			Code qualifying the Reference Identification		
			INDUSTRY: Reference Identification Qualifier		
			9D Adjusted Repriced Line Item Reference	e Num	ıber
Required	REF02	127	Reference Identification	X	AN 1/30
-			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier INDUSTRY: Adjusted Repriced Line Item Reference Number		or as
Not Used	REF03	352	Description	$\mathbf{X}$	AN 1/80
			A free-form description to clarify the related data elements a	nd the	eir content
Not Used	REF04	C040	Reference Identifier	O	
			To identify one or more reference numbers or identification specified by the Reference Qualifier	numbe	ers as
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as

Segment:  $\operatorname{REF}$  Prior Authorization or Referral Number

**Position:** 470

**Loop:** 2400 Optional (Must Use)

Level: Summary
Usage: Optional

Max Use: 2

**Notes:** 

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:** 

**1** REF04 contains data relating to the value cited in REF02.

Required if service line involved a prior authorization number or referral number that is different than the number reported at the claim level (Loop-ID 2300).

			Data Eleme	ent Summary					
	Ref.	Data	NT		A 44	.91. 4			
Required	<u>Des.</u> REF01	Element 128	Name Reference Identific	ation Qualifier	Attı	ributes ID 2/3			
Required	KLIVI	120		•	141	10 2/3			
				de qualifying the Reference Identification					
				USTRY: Reference Identification Qualifier					
			9F	Referral Number					
			G1	Prior Authorization Number					
				An authorization number acquired prior	r to th	e submission			
				of a claim					
Required	REF02	127	Reference Identific		X	AN 1/30			
				on as defined for a particular Transaction	1 Set o	or as			
				erence Identification Qualifier Authorization or Referral Number					
Not Used	REF03	352		Authorization of Referral Number	x	AN 1/80			
Not Oseu	KEFUS	354	Description	•					
NT / TT   1	DEE0.4	G0.40	•	A free-form description to clarify the related data elements and their					
Not Used	REF04	C040	Reference Identifier		O				
			•	To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier					
Not Used	C04001	128	Reference Identific		М	ID 2/3			
				Reference Identification					
Not Used	C04002	127	Reference Identific		M	AN 1/30			
			Reference information	on as defined for a particular Transaction	set o	or as			
				erence Identification Qualifier					
Not Used	C04003	128	Reference Identific		$\mathbf{X}$	ID 2/3			
			Code qualifying the	Reference Identification					
Not Used	C04004	127	Reference Identific	ation	X	AN 1/30			
				on as defined for a particular Transaction	1 Set o	or as			
				erence Identification Qualifier					
Not Used	C04005	128	Reference Identific	ation Qualifier	X	ID 2/3			
			Code qualifying the	Reference Identification					
Not Used	C04006	127	Reference Identific	ation	X	AN 1/30			
				on as defined for a particular Transaction erence Identification Qualifier	Set o	or as			

Segment: REF Line Item Control Number

Position: 470

**Loop:** 2400 Optional (Must Use)

Level: Summary Usage: Optional

Max Use:

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

Semantic Notes: Comments: 1 REF04 contains data relating to the value cited in REF02.

mments: Notes:

Required if it is necessary to send a line control or inventory number. Providers are STRONGLY encouraged to routinely send a unique line item control number on all service lines, particularly if the provider automatically posts their remittance advice. Submitting a unique line item control number gives providers the capability to automatically post by service line. The line item control number should be unique within a patient control number (CLM01). Payers are required to return this number in the remittance advice transaction (835) if the providers sends it to them in the 837.

	Ref.	Data	Data Element Summary				
	Des.	<b>Element</b>	<u>Name</u>	Attı	<u>ributes</u>		
Required	REF01	128	Reference Identification Qualifier	M	ID 2/3		
			Code qualifying the Reference Identification				
			INDUSTRY: Reference Identification Qualifier				
			6R Provider Control Number				
			Number assigned by information provide tracking and billing purposes	ler co	ompany for		
Required	REF02	127	Reference Identification	$\mathbf{X}$	AN 1/30		
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier NSF Reference: FA0-04.0, FB0-04.0, FB1-04.0, FB2-04.0, FD0-04.0, 04.0, HA0-04.0				
			INDUSTRY: Line Item Control Number				
Not Used	REF03	352	Description	X	AN 1/80		
			A free-form description to clarify the related data elements and their con				
Not Used	REF04	C040	Reference Identifier	O			
			To identify one or more reference numbers or identification r specified by the Reference Qualifier	ıumbe	ers as		
Not Used	C04001	128	Reference Identification Qualifier	$\mathbf{M}$	ID 2/3		
			Code qualifying the Reference Identification				
Not Used	C04002	127	Reference Identification	$\mathbf{M}$	AN 1/30		
		4.00	Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier				
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3		
			Code qualifying the Reference Identification				
Not Used	C04004	127	Reference Identification	X	AN 1/30		
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o			
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3		
			Code qualifying the Reference Identification				
Not Used	C04006	127	Reference Identification	X	AN 1/30		
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as		

Segment: REF Mammography Certification Number

**Position:** 470

**Loop:** 2400 Optional (Must Use)

Level: Summary Usage: Optional

Max Use: 1

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

If either C04003 or C04004 is present, then the other is required.
If either C04005 or C04006 is present, then the other is required.

REF04 contains data relating to the value cited in REF02.

**Semantic Notes:** Comments:

**Notes:** Required for Medicare claims for all mammography services.

	Ref.	Data	Data Element Summary			
	Des.	<b>Element</b>	<u>Name</u>	Attı	<u>ributes</u>	
Required	REF01	128	Reference Identification Qualifier	M	ID 2/3	
			Code qualifying the Reference Identification			
			INDUSTRY: Reference Identification Qualifier			
			EW Mammography Certification Number			
			Health Care Financing Administration a certification number of the certified mascreening center			
Required	REF02	127	Reference Identification	$\mathbf{X}$	AN 1/30	
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier NSF Reference: FA0-31.0			
			INDUSTRY: Mammography Certification Number			
Not Used	REF03	352	Description	$\mathbf{X}$	AN 1/80	
			A free-form description to clarify the related data elements as	eir content		
Not Used	REF04	C040	Reference Identifier	O		
			To identify one or more reference numbers or identification r specified by the Reference Qualifier	numb	ers as	
Not Used	C04001	128	Reference Identification Qualifier	$\mathbf{M}$	ID 2/3	
			Code qualifying the Reference Identification			
Not Used	C04002	127	Reference Identification	$\mathbf{M}$	AN 1/30	
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as	
Not Used	C04003	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3	
			Code qualifying the Reference Identification			
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30	
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as	
Not Used	C04005	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3	
			Code qualifying the Reference Identification			
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30	
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as	

Segment:  ${\bf REF}$  Clinical Laboratory Improvement Amendment (CLIA) Identification

**Position:** 470

**Loop:** 2400 Optional (Must Use)

Level: Summary Usage: Optional

Max Use: 1

**Notes:** 

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

1 REF04 contains data relating to the value cited in REF02.

Required for all CLIA certified facilities performing CLIA covered laboratory services and if number is different than CLIA number reported at claim level (Loop ID-2300).

Required	Ref. <u>Des.</u> REF01	Data Element 128	Name Reference Identification Qualifier		ributes ID 2/3				
1			Code qualifying the Reference Identification						
			INDUSTRY: Reference Identification Qualifier						
			X4 Clinical Laboratory Improvement Ame	X4 Clinical Laboratory Improvement Amendment Num					
Required	REF02	127	Reference Identification						
•			Reference information as defined for a particular Transaction Set or as pecified by the Reference Identification Qualifier NSF Reference: FA0-34.0						
Not Used	REF03	352	INDUSTRY: Clinical Laboratory Improvement Amendment <b>Description</b>	Num X	ber AN 1/80				
			A free-form description to clarify the related data elements and their conte						
Not Used	REF04	C040	Reference Identifier						
N	C04004	140	To identify one or more reference numbers or identification is specified by the Reference Qualifier						
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3				
NI.4 II I	C04003	105	Code qualifying the Reference Identification	M	A NI 1/20				
Not Used	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction	M	AN 1/30				
			specified by the Reference Identification Qualifier	. Set 0	or as				
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3				
			Code qualifying the Reference Identification						
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30				
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as				
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3				
			Code qualifying the Reference Identification						
Not Used	C04006	127	Reference Identification	X	AN 1/30				
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as				

 ${f REF}$  Referring Clinical Laboratory Improvement Amendment (CLIA) Facility **Segment:** 

Identification

**Position:** 470

> Loop: 2400 Optional (Must Use)

Level: Summary **Usage:** Optional Max Use: 1

**Purpose:** 

**Notes:** 

To specify identifying information

**Syntax Notes:** At least one of REF02 or REF03 is required.

If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required. 3

**Semantic Notes: Comments:**  REF04 contains data relating to the value cited in REF02.

Required for Medicare claims for any laboratory that referred tests to another laboratory covered by the CLIA Act that is billed on this line.

	Ref. <u>Des.</u>	Data <u>Element</u>	Name	<u>Attributes</u>				
Required	REF01	128	Reference Identification Qualifier	M	ID 2/3			
			Code qualifying the Reference Identification					
			INDUSTRY: Reference Identification Qualifier					
			F4 Facility Certification Number	4 Facility Certification Number				
			A unique number assigned to qualifying perform services	g facil	lities to			
Required	REF02	127	Reference Identification	$\mathbf{X}$	AN 1/30			
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier INDUSTRY: Referring CLIA Number	Set o	or as			
Not Used	REF03	352	Description	$\mathbf{X}$	AN 1/80			
			A free-form description to clarify the related data elements a	and their content				
Not Used	REF04	C040	Reference Identifier					
Not Used	C04001	128	To identify one or more reference numbers or identification a specified by the Reference Qualifier <b>Reference Identification Qualifier</b>	numbe <b>M</b>	ers as ID 2/3			
1,00 0,00	00.001	120	Code qualifying the Reference Identification		22 2,0			
Not Used	C04002	127	Reference Identification	M	AN 1/30			
			Reference information as defined for a particular Transaction	Set c	or as			
			specified by the Reference Identification Qualifier	200	,			
Not Used	C04003	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3			
			Code qualifying the Reference Identification					
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30			
			Reference information as defined for a particular Transaction	Set o	or as			
<b>N</b> 7	G0.400.	100	specified by the Reference Identification Qualifier	<b>T</b> 7	TD 0/2			
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3			
	~~		Code qualifying the Reference Identification					
Not Used	C04006	127	Reference Identification	X	AN 1/30			
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as			

Segment:  $\mathbf{REF}$  Immunization Batch Number

**Position:** 470

**Loop:** 2400 Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.
 REF04 contains data relating to the value cited in REF02.

**Semantic Notes:** 

**Comments:** 

**Notes:** Use when required by state law for health data reporting.

	Ref. <u>Des.</u>	Data <u>Element</u>	<u>Name</u>	Attr	<u>ributes</u>		
Required	REF01	128	Reference Identification Qualifier	M	ID 2/3		
			Code qualifying the Reference Identification				
			INDUSTRY: Reference Identification Qualifier				
			BT Batch Number				
Required	REF02	127	Reference Identification	X	AN 1/30		
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier INDUSTRY: Immunization Batch Number	Set o	or as		
Not Used	REF03	352	Description	$\mathbf{X}$	AN 1/80		
			A free-form description to clarify the related data elements a	nd the	eir content		
Not Used	REF04	C040	Reference Identifier	O			
			To identify one or more reference numbers or identification numbers as				
Ni. 4 Ti I	C04001	120	specified by the Reference Qualifier	3.7	ID 2/2		
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3		
No.4 Time J	C04003	127	Code qualifying the Reference Identification	М	A NI 1/20		
Not Used	C04002	127	Reference Identification	M	AN 1/30		
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	set c	or as		
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3		
			Code qualifying the Reference Identification				
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30		
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as		
Not Used	C04005	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3		
			Code qualifying the Reference Identification				
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30		
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as		

Segment:  $\mathbf{REF}$  Ambulatory Patient Group (APG)

**Position:** 470

**Loop:** 2400 Optional (Must Use)

Level: Summary
Usage: Optional

Max Use: 4

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.
 1 REF04 contains data relating to the value cited in REF02.

**Semantic Notes:** 

**Comments:** 

**Notes:** Used at discretion of submitter.

Required	Ref. <u>Des.</u> REF01	Data Element 128	Name Reference Identification Qualifier	Attr M	ributes ID 2/3		
			Code qualifying the Reference Identification				
			INDUSTRY: Reference Identification Qualifier				
			1S Ambulatory Patient Group (APG) Num	ber			
Required	REF02	127	Reference Identification	X	AN 1/30		
•			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier INDUSTRY: Ambulatory Patient Group Number	Set o	or as		
Not Used	REF03	352	Description	$\mathbf{X}$	AN 1/80		
			A free-form description to clarify the related data elements a	nd the	eir content		
Not Used	REF04	C040	Reference Identifier	O			
			To identify one or more reference numbers or identification numbers as				
Ni. 4 Ti I	C04001	120	specified by the Reference Qualifier	M	ID 2/2		
Not Used	C04001	128	Reference Identification Qualifier		ID 2/3		
No.4 Time J	C04002	127	Code qualifying the Reference Identification  Reference Identification	N	A NI 1/20		
Not Used	C04002	14/		M	AN 1/30		
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as		
Not Used	C04003	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3		
			Code qualifying the Reference Identification				
Not Used	C04004	127	Reference Identification	X	AN 1/30		
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as		
Not Used	C04005	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3		
			Code qualifying the Reference Identification				
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30		
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as		

Segment: **REF** Oxygen Flow Rate

**Position:** 470

**Loop:** 2400 Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 1

Max Use:

**Notes:** 

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

1 REF04 contains data relating to the value cited in REF02.

Required on oxygen therapy certificate of medical necessity (CMN) claim where service line reports oxygen flow rate.

	D. C	D 4	Data Element Summary				
	Ref. Des.	Data <u>Element</u>	Name Attributes				
Required	REF01	128	Reference Identification Qualifier	M	ID 2/3		
•			Code qualifying the Reference Identification				
			INDUSTRY: Reference Identification Qualifier				
			TP Test Specification Number				
			Oxygen Flow Rate				
Required	REF02	127	Reference Identification	X	AN 1/30		
1			Reference information as defined for a particular Transaction	n Set c	or as		
			specified by the Reference Identification Qualifier				
			Valid values are 1 - 999 liters per minute and X for less than	ı 1 lite	r per minute.		
			NSF Reference: GX0-14.0				
Not Used	REF03	352	INDUSTRY: Oxygen Flow Rate	X	AN 1/80		
Not Usea	KEFUS	352	Description		, - ,		
NI 4 TI 1	DEE04	C0.40	A free-form description to clarify the related data elements a	ind the	eir content		
Not Used	REF04	C040	Reference Identifier				
			To identify one or more reference numbers or identification specified by the Reference Qualifier	numbe	ers as		
Not Used	C04001	128	Reference Identification Qualifier	M	ID 2/3		
1,00 0,500	001001	120	Code qualifying the Reference Identification		12 2,0		
Not Used	C04002	127	Reference Identification	M	AN 1/30		
			Reference information as defined for a particular Transaction	n Set c	or as		
			specified by the Reference Identification Qualifier				
Not Used	C04003	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3		
			Code qualifying the Reference Identification				
Not Used	C04004	127	Reference Identification	X	AN 1/30		
			Reference information as defined for a particular Transaction	1 Set o	or as		
NI-4 TI I	C04005	120	specified by the Reference Identification Qualifier	<b>X</b> 7	ID 2/2		
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3		
Nia4 II J	C04007	105	Code qualifying the Reference Identification				
Not Used	C04006	127	Reference Identification	X	AN 1/30		
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	1 Set c	or as		

 ${f REF}$  Universal Product Number (UPN) **Segment:** 

470 **Position:** 

> 2400 Loop: Optional (Must Use)

Level: Summary **Usage:** Optional Max Use:

**Purpose:** To specify identifying information

At least one of REF02 or REF03 is required. **Syntax Notes:** 

If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required. 3

**Semantic Notes: Comments:** 

**Notes:** 

Ref.

Data

1 REF04 contains data relating to the value cited in REF02.

X12N has been informed by HCFA that this information will be required on Medicare claims in the near future. It may also be required by some state Medicaids. This segment has been added to the 4010 implementation guide to allow providers to meet the Medicare/Medicaid requirements when they are implemented. When implemented by Medicare/Medicaid, the UPN is required on claim/encounters when an item/supply is being billed/reported that has an associated UPN included in the Health Care Uniform Code Council system or the Health Industry Business Communications Council system. See Appendix C for Code Source 41 and 522.

A ttributos

Required	<u>Des.</u> REF01	Element 128	<u>Name</u> Reference Ident	ification Qualifier		<u>ributes</u> ID 2/3	
-				the Reference Identification			
				ference Identification Qualifier			
			OZ	Product Number			
				Code Source 41 Use to indicate Health	Care	Uniform	
				Code Council System. See Appendix C, code source			
			VP	Vendor Product Number			
				A unique number assigned by a vendor or manufacturer to identify its products			
				Code Source 522 Use to indicate Health Business Communications Council sys C, code source 522.		•	
Required REF02 127		127	Reference Ident		$\mathbf{X}$	AN 1/30	
			Reference inform specified by the NSF Reference:	ı Set o	or as		
			INDUSTRY: Un	iversal Product Number			
Not Used	REF03	352	Description		$\mathbf{X}$	AN 1/80	
			A free-form desc	ription to clarify the related data elements a	nd the	ir content	
Not Used	REF04	C040	Reference Ident	ifier	O		
			•	or more reference numbers or identification in Reference Qualifier	numbe	ers as	
Not Used	C04001	128	Reference Ident	ification Qualifier	$\mathbf{M}$	ID 2/3	
			Code qualifying	the Reference Identification			
Not Used	C04002	127	Reference Ident	ification	$\mathbf{M}$	AN 1/30	
				nation as defined for a particular Transactior Reference Identification Qualifier	ı Set o	or as	
Not Used	C04003	128	Reference Ident	ification Qualifier	$\mathbf{X}$	ID 2/3	
			Code qualifying	the Reference Identification			
Not Used	C04004	127	Reference Ident	ification	X	AN 1/30	
			Reference information as defined for a particular Transaction Set or as				

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Not Used	C04005	128	specified by the Reference Identification Qualifier Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction Set of specified by the Reference Identification Qualifier		or as

Segment: AMT Sales Tax Amount

**Position:** 475

**Loop:** 2400 Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

**Notes:** Required if sales tax applies to service line and submitter is required to report that

information to the receiver.

	Ref.	Data	·		
	Des.	<b>Element</b>	<u>Name</u>	Attı	<u>ibutes</u>
Required	AMT01	522	Amount Qualifier Code	$\mathbf{M}$	ID 1/3
			Code to qualify amount		
			INDUSTRY: Amount Qualifier Code		
			T Tax		
Required	AMT02	782	Monetary Amount	$\mathbf{M}$	R 1/18
			Monetary amount		
			INDUSTRY: Sales Tax Amount		
Not Used	AMT03	478	Credit/Debit Flag Code	O	<b>ID</b> 1/1
			Code indicating whether amount is a credit or debit		

Segment: AMT Approved Amount

**Position:** 475

**Loop:** 2400 Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

**Notes:** Used primarily in payer-to-payer COB situations by the payer who is sending this claim

to another payer. Providers (in a provider-to-payer COB situation) do not usually

complete this information but may do so if the information is available.

The allowed amount equals the amount for the service line that was approved by the payer sending this 837 to another payer.

Required	Ref. <u>Des.</u> AMT01	Data <u>Element</u> 522	Name Amount Qualifier Code	<u>Attr</u> M	ibutes ID 1/3
			Code to qualify amount		
			INDUSTRY: Amount Qualifier Code		
			AAE Approved Amount		
Required	AMT02	782	Monetary Amount	$\mathbf{M}$	R 1/18
			Monetary amount		
			NSF Reference: FA0-51.0		
			INDUSTRY: Approved Amount		
Not Used	AMT03	478	Credit/Debit Flag Code	O	ID 1/1
			Code indicating whether amount is a credit or debit		

AMT Postage Claimed Amount **Segment:** 

**Position:** 475

2400 Optional (Must Use)

Loop: Level: Summary **Usage:** Optional Max Use:

**Purpose:** To indicate the total monetary amount

**Syntax Notes: Semantic Notes: Comments:** 

> **Notes:** Required if service line charge (SV102) includes postage amount claimed in this service

	Ref.	Data	Data Element Summary		
	Des.	<b>Element</b>	Name	<u>Attr</u>	<u>ributes</u>
Required	AMT01	522	Amount Qualifier Code	M	ID 1/3
			Code to qualify amount		
			INDUSTRY: Amount Qualifier Code		
			F4 Postage Claimed		
			Monetary amount rightfully deserved	for ma	iling
Required	AMT02	782	Monetary Amount	$\mathbf{M}$	R 1/18
			Monetary amount		
			INDUSTRY: Postage Claimed Amount		
Not Used	AMT03	478	Credit/Debit Flag Code	O	<b>ID</b> 1/1
			Code indicating whether amount is a credit or debit		

Segment: K3 File Information

**Position:** 480

**Loop:** 2400 Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 10

Purpose: To trans

To transmit a fixed-format record or matrix contents

**Syntax Notes:** 

**Semantic Notes:** 1 K303 identifies the value of the index.

Comments:

1 The default for K302 is content.

Notes:

This segment may only be required if a state concludes it must use the K3 to meet an emergency legislative requirement AND the administering state agency or other state organization has contacted the X12N workgroup, requested a review of the K3 data requirement to ensure there is not an existing method within the implementation guide to meet this requirement, and X12N determines that there is no method to meet the requirement. Only then may the state require the temporary use of the K3 to meet the requirement. X12N will submit the necessary data maintenance and refer the request to the appropriate data content committee.

	Ref.	Data	Data Element Summary		
D	<u>Des.</u>	Element	Name		ributes
Required	K301	449	Fixed Format Information	M	AN 1/80
			Data in fixed format agreed upon by sender and receiver		
			NSF Reference: HA0-05.0		
			INDUSTRY: Fixed Format Information		
Not Used	K302	1333	Record Format Code	O	ID 1/2
			Code specifying the format of information		
Not Used	K303	C001	Composite Unit of Measure	O	
			To identify a composite unit of measure (See Figures Apper of use)	dix fo	or examples
Not Used	C00101	355	Unit or Basis for Measurement Code	M	ID 2/2
			Code specifying the units in which a value is being expressed which a measurement has been taken	l, or i	manner in
Not Used	C00102	1018	Exponent	0	R 1/15
			Power to which a unit is raised		
Not Used	C00103	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	C00104	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expressed	l, or r	manner in
			which a measurement has been taken	_	
Not Used	C00105	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
Not Used	C00106	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	C00107	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expressed which a measurement has been taken	l, or r	manner in
Not Used	C00108	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
Not Used	C00109	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	C00110	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expressed	d, or r	manner in

Not Used	C00111	1018	which a measurement has been taken  Exponent	o	R 1/15
			Power to which a unit is raised		
Not Used	C00112	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
Not Used	C00113	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expressed which a measurement has been taken	l, or i	manner in
Not Used	C00114	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
Not Used	C00115	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		

Segment: NTE Line Note

**Position:** 485

**Loop:** 2400 Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 1

Purpose: To transmit information in a free-form format, if necessary, for comment or special

instruction

**Syntax Notes: Semantic Notes:** 

**Notes:** 

**Comments:** 1 The NTE segment permits free-form information/data which, under ANSI X12

standard implementations, is not machine processable. The use of the NTE segment

should therefore be avoided, if at all possible, in an automated environment. Required if submitter used a"not otherwise classified" (NOC) procedure code on this

service line (use ADD in NTE01). Otherwise, use at providers discretion.

**Data Element Summary** 

Required	Ref. <u>Des.</u> NTE01	Data <u>Element</u> 363	Name Note Reference	Code	Attı O	ributes ID 3/3
•			Code identifying	the functional area or purpose for which the	e note	applies
			INDUSTRY: No	te Reference Code		
			ADD	Additional Information		
			DCP	Goals, Rehabilitation Potential, or Disc	harge	Plans
			PMT	Payment		
			TPO	Third Party Organization Notes		
Required	NTE02	352	Description		M	AN 1/80

A free-form description to clarify the related data elements and their content

August 8, 2001

NSF Reference: HA0-05.0

INDUSTRY: Line Note Text

Segment: PS1 Purchased Service Information

**Position:** 488

**Loop:** 2400 Optional (Must Use)

Level: Summary Usage: Optional

Max Use:

**Purpose:** To specify the information about services that are purchased

Syntax Notes:

**Semantic Notes:** 1 PS101 is provider identification number.

2 PS102 is cost of the purchased service.

3 PS103 is the state where the service is purchased.

**Comments:** 

**Notes:** Using the PS1 segment indicates that services were purchased from another source.

Required on service lines involving purchased services/tests if different than the information given at the claim level (Loop ID = 2310C).

	Ref.	Data	Data Dement Summary		
	Des.	Element	Name	Attı	<u>ibutes</u>
Required	PS101	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier ALIAS: Purchased Service Provider Identifier	Set o	or as
			NSF Reference: FB0-11.0		
Required	PS102	782	INDUSTRY: Purchased Service Provider Identifier  Monetary Amount	М	R 1/18
Required	1 5102	702	Monetary amount	IVI	K 1/10
			•		
			ALIAS: Purchased Service Charge Amount		
			NSF Reference: FB0-05.0		
			INDUSTRY: Purchased Service Charge Amount		
Not Used	PS103	156	State or Province Code	O	ID 2/2
			Code (Standard State/Province) as defined by appropriate go	vernn	nent agency

Segment: **HSD** Health Care Services Delivery

**Position:** 491

**Loop:** 2400 Optional (Must Use)

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To specify the delivery pattern of health care services

**Syntax Notes:** 1 If either HSD01 or HSD02 is present, then the other is required.

2 If HSD06 is present, then HSD05 is required.

**Semantic Notes: Comments:** 

Notes:

The HSD segment is used to specify the delivery pattern of the health care services. This is how it is used: HSD01 qualifies HSD02: If the value in HSD02=1 and the value in HSD01=VS (Visits), this means "one visit". Between HSD02 and HSD03 verbally insert a "per every." HSD03 qualifies HSD04: If the value in HSD04=3 and the value in HSD03=DA (Day), this means "three days." Between HSD04 and HSD05 verbally insert a "for." HSD05 qualifies HSD06: If the value in HSD06=21 and the value in HSD05=7 (Days), this means "21 days." The total message reads:

HSD\*VS\*1\*DA\*3\*7\*21~

= "One visit per every three days for 21 days."

Another similar data string of HSD\*VS\*2\*DA\*4\*7\*20~

= Two visits per every four days for 20 days.

An alternate way to use HSD is to employ HSD07 and/or HSD08. A data string of HSD\*VS\*1\*\*\*\*\*SX\*D\*

means "1 visit on Wednesday and Thursday morning."

Required on claims/encounters billing/reporting home health visits where further detail is necessary to clearly substantiate medical treatment and if information is different than that given at claim level (Loop ID-2300).

			Data Elemen	nt Summary		
Situatio	Ref. <u>Des.</u> HSD01	Data Element 673	<u>Name</u> Quantity Qualifier		<u>Attr</u> X	ibutes ID 2/2
			Code specifying the ty	ype of quantity		
			Required if information 2300).	on is different than that given at claim le	vel (	Loop ID-
			INDUSTRY: Visits			
			VS	Visits		
Situatio	HSD02	380	Quantity		$\mathbf{X}$	R 1/15
			Numeric value of qua	ntity		
			HDS02 qualifies HSD	001.		
			Required if information 2300).	on is different than that given at claim le	vel (	Loop ID-
			INDUSTRY: Number	of Visits		
Situatio	HSD03	355	Unit or Basis for Me	asurement Code	0	ID 2/2
			Code specifying the u which a measurement	nits in which a value is being expressed has been taken	or r	nanner in
			Required if information 2300).	on is different than that given at claim le	vel (	Loop ID-
			INDUSTRY: Frequen	ncy Period		
			DA I	Days		
			MO	Months		

Month

DIAIT			Q1	Quarter (Time)
			WK	Week
Situatio	HSD04	1167	Sample Select	tion Modulus O R 1/6
				sampling frequency in terms of a modulus of the Unit of
				every fifth bag, every 1.5 minutes
			2300).	formation is different than that given at claim level (Loop ID-
			INDHSTRV: I	Frequency Count
Situatio	HSD05	615	Time Period (	
			Code defining	
			_	formation is different than that given at claim level (Loop ID-
			INDUSTRY: I	Duration of Visits Units
			7	Day
			34	Month
			35	Week
Situatio	HSD06	616	Number of Pe	
			Total number of	•
			Required if inf 2300).	formation is different than that given at claim level (Loop ID-
			INDUSTRY: I	Duration of Visits, Number of Units
Situatio	HSD07	678		or Calendar Pattern Code O ID 1/2
			Code which sp	pecifies the routine shipments, deliveries, or calendar pattern
			Required if inf	formation is different than that given at claim level (Loop ID-
			2300).	
			INDLICTON.	Shin Daliyany an Calandan Battann Cada
			1	Ship, Delivery or Calendar Pattern Code 1st Week of the Month
			2	2nd Week of the Month
			3	3rd Week of the Month
			4	4th Week of the Month
			5	5th Week of the Month
			6	1st & 3rd Weeks of the Month
			7	2nd & 4th Weeks of the Month
			A	Monday through Friday
			В	Monday through Saturday
			C	Monday through Sunday
			D	Monday
			E	Tuesday
			F	Wednesday
			G	Thursday
			Н	Friday
			J	Saturday
			K	Sunday
			L	Monday through Thursday
			N	As Directed
			O	Daily Mon. through Fri.
			SA	Sunday, Monday, Thursday, Friday, Saturday
			SB	Tuesday through Saturday
			SC	Sunday, Wednesday, Thursday, Friday, Saturday

Situatio	HSD08	679	Ship/Deliv	very Pattern Time Code O ID 1/1
			W	Whenever Necessary
			SZ	Tuesday, Thursday and Friday
			SY	Monday, Wednesday and Thursday
			SX	Wednesday and Thursday
			SP	Monday, Tuesday and Friday
			SL	Monday, Tuesday and Thursday
			SG	Tuesday through Friday
			SD	Monday, Wednesday, Thursday, Friday, Saturday

Code which specifies the time for routine shipments or deliveries Required if information is different than that given at claim level (Loop ID-2300).

INDUSTRY: Delivery Pattern Time Code

D A.M. E P.M.

F As Directed

Segment:	HCP	Line Pricing/Repricing Information

492 **Position:** 

> Loop: 2400 Optional (Must Use)

Level: Summary Usage: Optional

Max Use:

Notes:

**Purpose:** To specify pricing or repricing information about a health care claim or line item

At least one of HCP01 or HCP13 is required. **Syntax Notes:** 

If either HCP09 or HCP10 is present, then the other is required.

If either HCP11 or HCP12 is present, then the other is required. 3

#### **Semantic Notes:** 1 HCP02 is the allowed amount.

- HCP03 is the savings amount.
- 3 HCP04 is the repricing organization identification number.
- 4 HCP05 is the pricing rate associated with per diem or flat rate repricing.
- 5 HCP06 is the approved DRG code.
- HCP07 is the approved DRG amount.
- HCP08 is the approved revenue code.
- HCP10 is the approved procedure code.
- HCP12 is the approved service units or inpatient days.
- **10** HCP13 is the rejection message returned from the third party organization.
- 11 HCP15 is the exception reason generated by a third party organization.

## Comments:

HCP06, HCP07, HCP08, HCP10, and HCP12 are fields that will contain different values from the original submitted values.

Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

#### **Data Element Summary**

	Ref.	Data		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attributes</u>
Required	HCP01	1473	Pricing Methodology	X ID 2/2

Code specifying pricing methodology at which the claim or line item has been priced or repriced

Trading partners need to agree on the codes to use in this element. There do not appear to be standard definitions for the code elements.

Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

ALIAS: Pricing/repricing methodology

#### INDUSTRY: Pricing Methodology

00	Zero Pricing (Not Covered Under Contract)
01	Priced as Billed at 100%
02	Priced at the Standard Fee Schedule
03	Priced at a Contractual Percentage
04	Bundled Pricing
05	Peer Review Pricing
06	Per Diem Pricing
07	Flat Rate Pricing
08	Combination Pricing
09	Maternity Pricing
10	Other Pricing
11	Lower of Cost
12	Ratio of Cost
13	Cost Reimbursed
14	Adjustment Pricing

DRAFT					
Required	HCP02	782	Monetary Amount	0	R 1/18
			Monetary amount		
			Used only by repricers as needed. This information is specific destination payer reported in the 2010BB loop.	to tl	he
			ALIAS: Pricing/Repricing Allowed Amount		
			INDUSTRY: Repriced Allowed Amount		
Situatio	HCP03	<b>782</b>	Monetary Amount	0	R 1/18
			Monetary amount		
			Used only by repricers as needed. This information is specific destination payer reported in the 2010BB loop.	to tl	he
			ALIAS: Pricing/Repricing Savings Amount		
Situatio	НСР04	127	INDUSTRY: Repriced Saving Amount Reference Identification	o	AN 1/30
			Reference information as defined for a particular Transaction	Set o	or as
			specified by the Reference Identification Qualifier Used only by repricers as needed. This information is specific	2 to t	ha
			destination payer reported in the 2010BB loop.	; to ti	ne
			ALIAS: Pricing/Repricing Identification Number		
G'4 - 4' -	HCDOZ	110	INDUSTRY: Repricing Organization Identifier	^	D 1/0
Situatio	HCP05	118	Rate Rate expressed in the standard monetary denomination for the	O	R 1/9
			specified	cuii	chey
			Used only by repricers as needed. This information is specific destination payer reported in the 2010BB loop.	to tl	he
			ALIAS: Pricing/Repricing Rate		
			INDUSTRY: Repricing Per Diem or Flat Rate Amount		
Situatio	HCP06	127	Reference Identification	0	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
			Used only by repricers as needed. This information is specific	to tl	he
			destination payer reported in the 2010BB loop.		
			ALIAS: Approved APG code, Pricing		
			INDUSTRY: Repriced Approved Ambulatory Patient Group	Code	e
Situatio	HCP07	782	Monetary Amount	0	R 1/18
			Monetary amount	4 41	
			Used only by repricers as needed. This information is specific destination payer reported in the 2010BB loop.	to ti	ne
			ALIAS: Approved APG amount, Pricing		
Not Used	НСР08	234	INDUSTRY: Repriced Approved Ambulatory Patient Group <b>Product/Service ID</b>	Amo	unt AN 1/48
at	TTOPAG	20-	Identifying number for a product or service		TD 4/4
Situatio	HCP09	235	Product/Service ID Qualifier	X	ID 2/2
			Code identifying the type/source of the descriptive number us Product/Service ID (234)		
			Used only by repricers as needed. This information is specific destination payer reported in the 2010BB loop.	to tl	ne
D0277401 (02	401037000)		1 V 1 · · · · · · · · · · · · · · · · ·		

			INDUSTRY: Produ HC  IV  ZZ	Health Care Financing Administration (Procedural Coding System (HCPCS) Code HCFA coding scheme to group procedured on an outpatient basis for payment to health of the Medicare; primarily used for ambulatory other diagnostic departments. Because the AMA's CPT codes are also codes, they are reported under HC. Home Infusion EDI Coalition (HIEC) PCode Mutually Defined  Jurisdictionally Defined Procedure and (Used for Worker's Compensation claims)	odes re(s) spita y sur leve rodu Supp us). C	performed I under gical and I 1 HCPCS ct/Service oly Codes. Contact your
Situatio	HCP10	234	Product/Service ID	local (State) Jurisdiction for a list of the	se co X	des. AN 1/48
Sittatio	110110	-0.		for a product or service		1111 1/10
				ters as needed. This information is specific eported in the 2010BB loop.	e to t	he
			ALIAS: Pricing/Re	pricing Approved Procedure Code		
G!	TI CD11	255	INDUSTRY: Proce		<b>T</b> 7	ID 0/0
Situatio	HCP11	355	Unit or Basis for M	Teasurement Code e units in which a value is being expressed	X Lori	ID 2/2 manner in
			which a measureme Used only by repric			
			INDUSTRY: Unit of DA UN	or Basis for Measurement Code Days Unit		
Situatio	HCP12	380	Quantity	Unit	X	R 1/15
			Numeric value of q	uantity		
				ters as needed. This information is specific ported in the 2010BB loop.	e to t	he
			ALIAS: Pricing/Re	pricing Approved Units or Inpatient Days		
Situatio	НСР13	901	INDUSTRY: Reprid Reject Reason Cod	ced Approved Service Unit Count le	X	ID 2/2
			•	ssuer to identify reason for rejection		
				ers as needed. This information is specific ported in the 2010BB loop.	e to t	he
			ALIAS: Reject reas	on code		
			INDUSTRY: Rejec T1	Cannot Identify Provider as TPO (Third	Part	y
			T2	Organization) Participant Cannot Identify Payer as TPO (Third Pa	rtv (	Organization)
			T3	Participant Cannot Identify Insured as TPO (Third I	•	
				Organization) Participant	,	
			T4 T5	Payer Name or Identifier Missing Certification Information Missing		
			T6	Claim does not contain enough informat	tion f	for re-pricing
						_

DRAFT Situatio	НСР14	1526	Policy Compliance Code	0	IJ	D
			Code specifying policy compliance			
			Used only by repricers as needed. This information is specifical destination payer reported in the 2010BB loop.	ic to t	he	

ALIAS: Policy compliance code

			1	Procedure Followed (Compliance)
			2	Not Followed - Call Not Made (Non-Compliance Call
				Not Made)
			3	Not Medically Necessary (Non-Compliance Non-
				Medically Necessary)
			4	Not Followed Other (Non-Compliance Other)
			5	Emergency Admit to Non-Network Hospital
Situatio	HCP15	1527	<b>Exception Code</b>	O ID 1/2

Code specifying the exception reason for consideration of out-of-network health care services

O ID 1/2

Used only by repricers as needed. This information is specific to the destination payer reported in the 2010BB loop.

ALIAS: Exception code

## INDUSTRY: Exception Code

1	Non-Network Professional Provider in Network Hospital
2	Emergency Care
3	Services or Specialist not in Network
4	Out-of-Service Area
5	State Mandates
6	Other

Segment: NM1 Rendering Provider Name

Position: 500

**Notes:** 

Loop: 2420A Optional

Level: Summary
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required if the Rendering Provider NM1 information is different than that carried in the 2310B (claim) loop, or if the Rendering provider information is carried at the Billing/Pay-to Provider loop level (2010AA/AB) and this particular service line has a different Rendering Provider that what is given in the 2010AA/AB loop. The identifying payer-specific numbers are those that belong to the destination payer identified in loop 2010BB.

Used for all types of rendering providers including laboratories. The Rendering Provider is the person or company (laboratory or other facility) who rendered the care. In the case where a substitute provider (locum tenans) was used, that person should be entered here.

			Data Element Summary		
	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>	Attı	<u>ributes</u>
Required	NM101	98	<b>Entity Identifier Code</b>	M	ID 2/3
			Code identifying an organizational entity, a physical location,	prop	perty or an
			individual		
			The entity identifier in NM101 applies to all segments in this	itera	tion of Loop
			ID-2420.		
			INDUSTRY: Entity Identifier Code		
			82 Rendering Provider		
Required	NM102	1065	Entity Type Qualifier	M	ID 1/1
			Code qualifying the type of entity		
			INDUSTRY: Entity Type Qualifier		
			1 Person		
			Non-Person Entity		
Dogginod	NIM 102	1035		Λ	AN 1/35
Required	NM103	1035	Name Last or Organization Name	O	AN 1/35
			Individual last name or organizational name		
			ALIAS: Rendering Provider Last Name		
			NSF Reference: FB1-14.0		
			INDUSTRY: Rendering Provider Last or Organization Name		
Situatio	NM104	1036	Name First	o	AN 1/25
			Individual first name		
			Required if NM102=1 (person).		
			1 /		
			ALIAS: Rendering Provider First Name		
			NSF Reference: FB1-15.0		

Situatio	NM105	1037	INDUSTRY: Rende Name Middle	ering Provider First Name	o	AN 1/25
			Individual middle na	ame or initial		
			Required if NM102	=1 and the middle name/initial of the pers	on is	known.
			ALIAS: Rendering	Provider Middle Name		
			NSF Reference: FB	1-16.0		
			INDUSTRY: Rende	ering Provider Middle Name		
Not Used	NM106	1038	Name Prefix		0	AN 1/10
			Prefix to individual	name		
Situatio	NM107	1039	Name Suffix		0	AN 1/10
			Suffix to individual	name		
			Required if known.			
			ALIAS: Rendering	Provider Generation		
Required	NM108	66	INDUSTRY: Rende	ering Provider Name Suffix e <b>Oualifier</b>	X	ID 1/2
•				e system/method of code structure used f	or Id	entification
			Code (67)			
			NSF Reference: FA	0-57.0		
			INDUSTRY: Identi	fication Code Qualifier		
			24	Employer's Identification Number		
			34	Social Security Number		
				Social Security Number cannot be used claims.	for N	Medicare
			XX	Health Care Financing Administration N Identifier	Vatio	nal Provider
Required	NM109	67	Identification Code		X	AN 2/80
			Code identifying a p	· · · ·		
			ALIAS: Rendering	Provider Primary Identifier		
			NSF Reference: FA	0-23.0, FA0-58.0		
			INDUSTRY: Rende	ering Provider Identifier		
Not Used	NM110	706	Entity Relationship	o Code	X	ID 2/2
			Code describing ent	*		
Not Used	NM111	98	Entity Identifier C	ode	0	ID 2/3
			Code identifying an individual	organizational entity, a physical location	, proj	perty or an

Segment:  ${\bf PRV}$  Rendering Provider Specialty Information

**Position:** 505

**Loop:** 2420A Optional

Level: Summary

**Usage:** Optional (Must Use)

Max Use: 1

**Purpose:** To specify the identifying characteristics of a provider

Syntax Notes: Semantic Notes:

**Comments:** 

**Notes:** PRV02 qualifies PRV03.

	Ref.	Data	Data Element Summary		
	Des.	<b>Element</b>	<u>Name</u>	Attr	<u>ributes</u>
Required	PRV01	1221	Provider Code	M	ID 1/3
			Code identifying the type of provider		
			INDUSTRY: Provider Code		
			PE Performing		
Required	PRV02	128	Reference Identification Qualifier	M	ID 2/3
			Code qualifying the Reference Identification		
			ZZ is used to indicate the "Health Care Provider Taxonomy" (provider specialty code) which is available on the Washingt Company web site: http://www.wpc-edi.com. This taxonomy the Blue Cross Blue Shield Association and ASC X12N TG2	on Pu	iblishing aintained by
			INDUSTRY: Reference Identification Qualifier ZZ Mutually Defined		
			Health Care Provider Taxonomy Code l	ist	
Required	PRV03	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier ALIAS: Provider Specialty Code  Provider Specialty Code  NSF Reference: FA0-37.0	Set o	or as
			INDUSTRY: Provider Taxonomy Code		
Not Used	PRV04	156	State or Province Code	О	ID 2/2
			Code (Standard State/Province) as defined by appropriate go		nent agency
Not Used	PRV05	C035	Provider Specialty Information	O	
<b>N</b> 7	G02501	1000	To provide provider specialty information		13110
Not Used	C03501	1222	Provider Specialty Code	M	AN 1/3
	~~		Code indicating the primary specialty of the provider, as defined in the provider of the provi		
Not Used	C03502	559	Agency Qualifier Code	O	ID 2/2
NI 4 TI 1	C02502	1052	Code identifying the agency assigning the code values	•	ID 1/1
Not Used	C03503	1073	Yes/No Condition or Response Code	0	<b>ID</b> 1/1
Not Hand	DDVOC	1222	Code indicating a Yes or No condition or response	0	ID 2/2
Not Used	PRV06	1223	Provider Organization Code	0	ID 3/3
			Code identifying the organizational structure of a provider		

N2 Additional Rendering Provider Name Information **Segment:** 

**Position:** 510

Loop: 2420A Optional

Level: Summary **Usage:** Optional Max Use:

To specify additional names or those longer than 35 characters in length **Purpose:** 

**Syntax Notes: Semantic Notes: Comments:** 

Required if the name in NM103 is greater than 35 characters. See example in Loop ID-1000A Submitter, NM1 and N2 for how to handle long names. **Notes:** 

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Rendering Provider Additional Name Information	Attr M	ibutes AN 1/60
Not Used	N202	93	INDUSTRY: Rendering Provider Name Additional Text Name Free-form name	o	AN 1/60

Segment:  ${f REF}$  Rendering Provider Secondary Identification

**Position:** 525

Loop: 2420A Optional

Level: Summary Usage: Optional Max Use: 5

**Purpose:** To specify identifying information

**Syntax Notes:** 1 At least one of REF02 or REF03 is required.

2 If either C04003 or C04004 is present, then the other is required.

3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** Comments:

**tes:** 1 REF04 contains data relating to the value cited in REF02.

nments:
Notes: Required

Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.

			Data Ele	ement Summary		
Required	Ref. <u>Des</u> . REF01	Data <u>Element</u> 128	<u>Name</u> Reference Identi	ification Qualifier	Attı M	ributes ID 2/3
			Code qualifying t	the Reference Identification		
			INDUSTRY: Ref	erence Identification Qualifier		
			0B	State License Number		
			1B	Blue Shield Provider Number		
			1C	Medicare Provider Number		
			1D	Medicaid Provider Number		
			1G	Provider UPIN Number		
			1H	CHAMPUS Identification Number		
			EI	Employer's Identification Number		
			G2	Provider Commercial Number		
				A unique number assigned to a provide insurer	er by a	commercial
			LU	Location Number		
			N5	Provider Plan Network Identification I		
			SY	A number assigned to identify a specific health care plan network Social Security Number	fic pro	vider in a
			X5	The social security number may not be Medicare.		for
Required	REF02	127	Reference Identi	State Industrial Accident Provider Nur	nber X	AN 1/30
Required	KEFU2	147		ation as defined for a particular Transactio		
			specified by the I	Reference Identification Qualifier ag Provider Secondary Identifier	n set (	n as
Not Used	REF03	352	INDUSTRY: Res Description	ndering Provider Secondary Identifier	X	AN 1/80
			A free-form descri	ription to clarify the related data elements	and the	eir content
Not Used	REF04	C040	Reference Ident	ifier	O	
Not Used	C04001	128	specified by the I	r more reference numbers or identification Reference Qualifier ification Qualifier	numb	ers as ID 2/3
Not Oseu	C04001	120		the Reference Identification	IVI	110 2/3
Not Used	C04002	127	Reference Identi		М	AN 1/30
1,00 0000			Reference inform	ation as defined for a particular Transactio Reference Identification Qualifier		
				-		

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Not Used	C04003	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30
N T 1	C0 400 F	120	Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier		
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as

Segment: NM1 Purchased Service Provider Name

Position: 500

**Notes:** 

Loop: 2420B Optional

Level: Summary
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

2 If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required if purchased services are being billed/reported on this claim. Purchased services are situations where (for example) a physician purchases a diagnostic exam from an outside entity. Purchased services do not include substitute (locum tenens) provider situations. All payer-specific identifying numbers belong to the destination payer identified in the 2010BB loop.

			Data Element Summary		
Required	Ref. <u>Des.</u> NM101	Data Element 98	<u>Name</u> Entity Identifier Code	Attr M	ributes ID 2/3
			Code identifying an organizational entity, a physical location	, prop	erty or an
			individual		
			The entity identifier in NM101 applies to all segments in this ID-2420.	iterat	tion of Loop
			INDUSTRY: Entity Identifier Code		
			QB Purchase Service Provider		
			Entity from which medical supplies may	be b	ought
Required	NM102	1065	Entity Type Qualifier	M	<b>ID</b> 1/1
			Code qualifying the type of entity		
			INDUSTRY: Entity Type Qualifier		
			1 Person		
			2 Non-Person Entity		
Not Used	NM103	1035	Name Last or Organization Name	O	AN 1/35
			Individual last name or organizational name		
Not Used	NM104	1036	Name First	O	AN 1/25
			Individual first name		
Not Used	NM105	1037	Name Middle	O	AN 1/25
			Individual middle name or initial		
Not Used	NM106	1038	Name Prefix	O	AN 1/10
			Prefix to individual name		
Not Used	NM107	1039	Name Suffix	O	AN 1/10
			Suffix to individual name		
Situatio	NM108	66	Identification Code Qualifier	$\mathbf{X}$	ID 1/2
			Code designating the system/method of code structure used f Code (67)	or Ide	entification
			Required if either Employer's Identification/Social Security National Provider Identifier is known.	√umb	er or
			INDUSTRY: Identification Code Qualifier		

			24	Employer's Identification Number		
			34	Social Security Number		
			XX	Health Care Financing Administration Mentifier	Vation	al Provider
Situatio	NM109	67	<b>Identification Code</b>		$\mathbf{X}$	AN 2/80
			Code identifying a p	earty or other code		
			Required if either En National Provider Id	mployer's Identification/Social Security Nentifier is known.	Vumb	er or
			ALIAS: Purchased S	Service Provider's Primary Identification	Numl	ber
			NSF Reference: FB0	)-11.0		
			INDUSTRY: Purcha	ased Service Provider Identifier		
Not Used	NM110	706	Entity Relationship	Code	X	ID 2/2
			Code describing enti	ty relationship		
Not Used	NM111	98	<b>Entity Identifier Co</b>	ode	O	ID 2/3
			Code identifying an individual	organizational entity, a physical location	, prop	erty or an

 ${f REF}$  Purchased Service Provider Secondary Identification **Segment:** 

**Position:** 525

2420B Loop: Optional

Level: Summary **Usage:** Optional Max Use:

**Purpose:** To specify identifying information

At least one of REF02 or REF03 is required. **Syntax Notes:** 

If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:** 

**Notes:** 

REF04 contains data relating to the value cited in REF02.

Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.

			Data El	ement Summary	
Required	Ref. <u>Des</u> . REF01	Data Element 128	<u>Name</u> Reference Ident	ification Qualifier	Attributes M ID 2/3
•				the Reference Identification	
				ference Identification Qualifier	
			0B	State License Number	
			1A	Blue Cross Provider Number	
			1B	Blue Shield Provider Number	
			1C	Medicare Provider Number	
			1D	Medicaid Provider Number	
			1G	Provider UPIN Number	
			1H	<b>CHAMPUS Identification Number</b>	
			EI	Employer's Identification Number	
			G2	Provider Commercial Number	
				A unique number assigned to a provide insurer	er by a commercial
			LU	Location Number	
			N5	Provider Plan Network Identification N	Number
			SY	A number assigned to identify a specific health care plan network Social Security Number	ic provider in a
				The social security number may not be Medicare.	
			U3	Unique Supplier Identification Numbe	
			X5	State Industrial Accident Provider Nur	
Required	REF02	127	Reference Ident		X AN 1/30
			specified by the	nation as defined for a particular Transactio Reference Identification Qualifier ed Service Provider Secondary Identifier	n Set or as
			NSF Reference:	FB0-11.0	
Not Used	REF03	352	INDUSTRY: Pur Description	rchased Service Provider Secondary Identia	fier X AN 1/80
			A free-form desc	ription to clarify the related data elements	and their content
Not Used	REF04	C040	Reference Ident		0
			specified by the	or more reference numbers or identification Reference Qualifier	
Not Used	C04001	128	Reference Ident	ification Qualifier	M ID 2/3
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			Code qualifying the Reference Identification		
Not Used	C04002	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as

Segment: NM1 Service Facility Location

Position: 500

**Notes:** 

Loop: 2420C Optional

Level: Summary
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

2 If NM111 is present, then NM110 is required.

Semantic Notes: 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required when the location of health care service for this service line is different than that carried in the 2010AA (Billing Provider), 2010AB (Pay-to Provider), or 2310D Service Facility Location loops. All payer-specific identifying numbers belong to the destination payer identified in the 2010BB loop.

destination payer identified in the 2010BB loop.							
			Data Elem	ent Summary			
	Ref.	Data					
Required	<u>Des.</u> NM101	Element 98	Name Entity Identifier C	lada	Attr M	<u>ibutes</u> ID 2/3	
Kequireu	MMITUI	90	•	oue organizational entity, a physical location			
			individual	organizational entity, a physical location	, prop	erty or an	
				r in NM101 applies to all segments in this	iterat	ion of Loop	
			ID-2420.			•	
			INDUSTRY: Entity	/ Identifier Code			
			77	Service Location			
				Use when other codes in this element do	not a	apply.	
			FA	Facility			
			LI	Independent Lab			
				Outside laboratory which provides test reproviding medical services	esults	s for entity	
			TL	Testing Laboratory			
Required	NM102	1065	<b>Entity Type Quali</b>	fier	$\mathbf{M}$	ID 1/1	
			Code qualifying the	e type of entity			
			INDUSTRY: Entity	Type Qualifier			
			2	Non-Person Entity			
Situatio	NM103	1035	Name Last or Org		O	AN 1/35	
			Individual last nam	e or organizational name			
			Required except wh	nen service was rendered in the patient's ho	ome.		
			ALIAS: Service Fa	cility Location Name			
			NSF Reference: GX	K0-25.0			
				ratory or Facility Name			
Not Used	NM104	1036	Name First		O	AN 1/25	
			Individual first nam	ne	_		
Not Used	NM105	1037	Name Middle		O	AN 1/25	
NI.4 II	NIN#107	1020	Individual middle n	ame or initial	^	A NI 1/10	
Not Used	NM106	1038	Name Prefix		0	AN 1/10	
			Prefix to individual	name			

DRAFT	NIN#10#	1020	NT C		0	A NI 1/10
Not Used	NM107	1039	Name Suffix		O	AN 1/10
			Suffix to individual na			
Situatio	NM108	66	Identification Code (	-	X	ID 1/2
			Code designating the s Code (67)	system/method of code structure used	for Id	entification
			Required if either Employer's Identification/Social Security Number (tax ID service location) or National Provider Identifier is known.			er (tax ID of
			INDUSTRY: Identific 24	ation Code Qualifier Employer's Identification Number		
			34 S	ocial Security Number		
			Γ	On not use for Medicare claims.		
				Health Care Financing Administration Identifier	Natio	nal Provider
Situatio	NM109	67	<b>Identification Code</b>		$\mathbf{X}$	AN 2/80
			Code identifying a par	ty or other code		
				ployer's Identification/Social Security attional Provider Identifier is known.	Numb	er (tax ID of
			ALIAS: Service Facili	ty Location Identification Number		
			INDUSTRY: Laborate	ory or Facility Primary Identifier		
Not Used	NM110	706	<b>Entity Relationship (</b>		$\mathbf{X}$	ID 2/2
			Code describing entity	relationship		
Not Used	NM111	98	<b>Entity Identifier Cod</b>	e	O	ID 2/3
			Code identifying an or individual	ganizational entity, a physical location	ı, prop	perty or an

Segment: N2 Additional Service Facility Location Name Information

**Position:** 510

Loop: 2420C Optional

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To specify additional names or those longer than 35 characters in length

Syntax Notes: Semantic Notes: Comments:

Notes: Required if the name in NM103 is greater than 35 characters. See example in Loop ID-

1000A Submitter, NM1 and N2 for how to handle long names.

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Service Facility Location Additional Name	Attr M	ributes AN 1/60
Not Used	N202	93	INDUSTRY: Laboratory or Facility Name Additional Text Name Free-form name	0	AN 1/60

Segment: N3 Service Facility Location Address

**Position:** 514

Loop: 2420C Optional

Level: Summary

Usage: Optional (Must Use)

Max Use:

**Purpose:** To specify the location of the named party

Syntax Notes: Semantic Notes: Comments:

Notes:

es: If service facility location is in an area where there are no street addresses, enter a

description of where the service was rendered (e.g., "crossroad of State Road 34 and 45"

or "Exit near Mile marker 265 on Interstate 80".)

## **Data Element Summary**

Required	Ref. <u>Des.</u> N301	Data <u>Element</u> 166	Name Address Information Address information ALIAS: Service Facility Location Address 1	Attr M	ributes AN 1/55
Situatio	N302	166	NSF Reference: GX2-04.0  INDUSTRY: Laboratory or Facility Address Line Address Information  Address information  Required if a second address line exists.	O	AN 1/55
			ALIAS: Service Facility Location Address 2  NSF Reference: GX2-05.0		

INDUSTRY: Laboratory or Facility Address Line

Segment: N4 Service Facility Location City/State/ZIP

**Position:** 520

Loop: 2420C Optional

Level: Summary

Usage: Optional (Must Use)

Max Use: 1

Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 is required.

**Semantic Notes:** 

Comments: 1 A combination of either N401 through N404, or N405 and N406 may be adequate to

specify a location.

2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** If service facility location is in an area where there are no street addresses, enter the name

of the nearest town, state and zip of where the service was rendered.

			Data Element Summary		
Required	Ref. <u>Des.</u> N401	Data <u>Element</u> 19	Name City Name	Attr O	ributes AN 2/30
			Free-form text for city name		
			ALIAS: Service Facility Location City		
			NSF Reference: GX2-06.0		
Required	N402	156	INDUSTRY: Laboratory or Facility City Name State or Province Code	o	ID 2/2
			Code (Standard State/Province) as defined by appropriate government	vernn	nent agency
			ALIAS: Service Facility Location State		
			NSF Reference: GX2-07.0		
Required	N403	116	INDUSTRY: Laboratory or Facility State or Province Code <b>Postal Code</b>	0	ID 3/15
			Code defining international postal zone code excluding punct (zip code for United States) ALIAS: Service Facility Location ZIP Code	uatio	n and blanks
			NSF Reference: GX2-08.0		
Situatio	N404	26	INDUSTRY: Laboratory or Facility Postal Zone or ZIP Code Country Code	0	ID 2/3
			Code identifying the country		
			Required if the address is out of the U.S.		
			ALIAS: Service Facility Location Country Code		
			INDUSTRY: Country Code		
Not Used	N405	309	Location Qualifier	X	ID 1/2
NT. 4 TT 3	NIAGE	210	Code identifying type of location	•	A NT 1 /20
Not Used	N406	310	Location Identifier	O	AN 1/30
			Code which identifies a specific location		

 ${f REF}$  Service Facility Location Secondary Identification **Segment:** 

**Position:** 525

2420C Optional Loop:

Level: Summary **Usage:** Optional Max Use:

To specify identifying information **Purpose:** 

**Syntax Notes:** At least one of REF02 or REF03 is required.

If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:** 

**Notes:** 

REF04 contains data relating to the value cited in REF02.

Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.

	<b>T</b>	<b>.</b>	Data E	lement Summary		
	Ref. <u>Des.</u>	Data <u>Element</u>	<u>Name</u>		Attı	<u>ributes</u>
Required	REF01	128	Reference Identification Qualifier			ID 2/3
			Code qualifying the Reference Identification			
			INDUSTRY: R	eference Identification Qualifier		
			0B	State License Number		
			1A	Blue Cross Provider Number		
			1B	Blue Shield Provider Number		
			1C	Medicare Provider Number		
			1D	Medicaid Provider Number		
			1G	Provider UPIN Number		
			1H	CHAMPUS Identification Number		
			G2	Provider Commercial Number		
				A unique number assigned to a provid insurer	er by a	commercial
			LU	Location Number		
			N5	Provider Plan Network Identification	Numbe	er
				A number assigned to identify a speci-	fic pro	vider in a
				health care plan network		
			TJ	Federal Taxpayer's Identification Num		
			X4	Clinical Laboratory Improvement Am		nt Number
	D	4.5	X5	State Industrial Accident Provider Nur		
Required	REF02	127	Reference Iden		X	AN 1/30
			specified by the	mation as defined for a particular Transaction Reference Identification Qualifier Exacility Location Secondary Identification		
			INDUSTRY: Se	ervice Facility Location Secondary Identifie	r	
Not Used	REF03	352	Description	j	$\mathbf{X}$	AN 1/80
			A free-form des	cription to clarify the related data elements	and the	eir content
Not Used	REF04	C040	Reference Iden	ntifier	O	
			To identify one	or more reference numbers or identification	numb	ers as
				Reference Qualifier		
Not Used	C04001	128		atification Qualifier	M	ID 2/3
				g the Reference Identification		
Not Used	C04002	127	Reference Iden		M	AN 1/30
				mation as defined for a particular Transaction	n Set o	or as
Not Used	C04003	128		Reference Identification Qualifier attification Qualifier	X	ID 2/3
P837V401 (0		120	Actor chec Iuci	679		August 8, 2001
(	/					O,

DR	

Dian 1			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	on Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

NM1 Supervising Provider Name **Segment:** 

**Position:** 500

> 2420D Loop: Optional

Level: Summary Usage: Optional Max Use:

**Purpose:** To supply the full name of an individual or organizational entity If either NM108 or NM109 is present, then the other is required. **Syntax Notes:** 

If NM111 is present, then NM110 is required.

**Semantic Notes:** NM102 qualifies NM103.

**Comments:** NM110 and NM111 further define the type of entity in NM101.

Because the usage of this segment is "Situational" this is not a syntactically required **Notes:** loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for

further details on ASC X12 syntax rules.

Required when rendering provider is supervised by a physician and the supervising physician is different than that listed at the claim level for this service line. All payespecific identifying numbers belong to the destination payer identified in loop 2010BB.

Data Element Summary							
Required	Ref. <u>Des.</u> NM101	Data Element 98	Name Entity Identifier Code		ributes ID 2/3		
			Code identifying an organizational entity, a physical location individual INDUSTRY: Entity Identifier Code	prop	perty or an		
			DQ Supervising Physician				
Required	NM102	1065	Entity Type Qualifier	M	<b>ID</b> 1/1		
			Code qualifying the type of entity				
			INDUSTRY: Entity Type Qualifier				
			1 Person				
Required	NM103	1035	Name Last or Organization Name	O	AN 1/35		
			Individual last name or organizational name				
			ALIAS: Supervising Provider Last Name				
			NSF Reference: FB1-18.0				
			INDUSTRY: Supervising Provider Last Name				
Required	NM104	1036	Name First	O	AN 1/25		
			Individual first name				
			ALIAS: Supervising Provider First Name				
			NSF Reference: FB1-19.0				
Situatio	NM105	1037	INDUSTRY: Supervising Provider First Name Name Middle	0	AN 1/25		
Situatio	NIVIIUS	1037	Individual middle name or initial	U	AN 1/25		
			Required if NM102=1 and the middle name/initial of the pers	on ic	known		
			Required if NW102-1 and the initiale name/initial of the pers	on is	KIIOWII.		
			ALIAS: Supervising Provider Middle Name				
			NSF Reference: FB1-20.0				
Not Used	NM106	1038	INDUSTRY: Supervising Provider Middle Name Name Prefix	o	AN 1/10		
			Prefix to individual name				

DRAFT		1020	N. G. 800		0	127.4.40	
Situatio	NM107	1039	Name Suffix			AN 1/10	
			Suffix to individual name				
			Required if known.				
			ALIAS: Supervising F	Provider Generation			
			INDUSTRY: Supervis	sing Provider Name Suffix			
Situatio	NM108	66	<b>Identification Code (</b>	•	$\mathbf{X}$	ID 1/2	
				system/method of code structure used for	or Ide	entification	
			Required if either Emp	ployer's Identification/Social Security N s tax ID) or National Provider Identifie			
			INDLICTON, 14	-ti Cl- Olif			
			INDUSTRY: Identific 24	ation Code Quairrer Employer's Identification Number			
				Social Security Number			
				The social security number may not be u	t be used for		
			Medicare.				
				Health Care Financing Administration N dentifier	lation	al Provider	
Situatio	NM109	<b>67</b>	<b>Identification Code</b>		$\mathbf{X}$	AN 2/80	
			Code identifying a par	ty or other code			
			Required if either Emp	ployer's Identification/Social Security N	Jumb	er	
			(Supervising provider'	s tax ID) or National Provider Identifie	r is k	nown.	
			ALIAS: Supervising F	Provider's Identification Number			
			NSF Reference: FB1-2	21.0			
			INDUSTRY: Supervis	sing Provider Identifier			
Not Used	NM110	706	Entity Relationship (	Code	$\mathbf{X}$	ID 2/2	
			Code describing entity	relationship			
Not Used	NM111	98	<b>Entity Identifier Cod</b>	e	O	ID 2/3	
			Code identifying an or individual	rganizational entity, a physical location,	prop	erty or an	

Segment: N2 Additional Supervising Provider Name Information

**Position:** 510

Loop: 2420D Optional

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To specify additional names or those longer than 35 characters in length

Syntax Notes: Semantic Notes: Comments:

Notes: Required if the name in NM103 is greater than 35 characters. See example in Loop ID-

1000A Submitter, NM1 and N2 for how to handle long names.

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Supervising Provider Additional Name Information	Attr M	ibutes AN 1/60
Not Used	N202	93	INDUSTRY: Supervising Provider Name Additional Text Name Free-form name	o	AN 1/60

 ${f REF}$  Supervising Provider Secondary Identification **Segment:** 

**Position:** 525

2420D Loop: Optional

Level: Summary **Usage:** Optional Max Use:

**Purpose:** To specify identifying information

At least one of REF02 or REF03 is required. **Syntax Notes:** 

If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:** 

**Notes:** 

REF04 contains data relating to the value cited in REF02.

Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.

			Data Ele	ment Summary			
Required	Ref. <u>Des.</u> REF01	Data Element 128	<u>Name</u> Reference Identii	fication Qualifier	<u>Attı</u> M	ributes ID 2/3	
-			Code qualifying tl				
			INDUSTRY: Reference Identification Qualifier				
			0B	State License Number			
			1B	Blue Shield Provider Number			
			1C	Medicare Provider Number			
			1D	Medicaid Provider Number			
			1G	Provider UPIN Number			
			1H	CHAMPUS Identification Number			
			EI	Employer's Identification Number			
			G2	Provider Commercial Number			
				A unique number assigned to a provide insurer	r by a	commercial	
			LU	Location Number	_		
			N5	Provider Plan Network Identification N			
			SY	A number assigned to identify a specific health care plan network Social Security Number	ic pro	vider in a	
			X5	The social security number may not be Medicare. State Industrial Accident Provider Nun		for	
Required	REF02	127	Reference Identif		X	AN 1/30	
Required	KEF 02	127		ation as defined for a particular Transaction			
			specified by the R	eference Identification Qualifier ng Provider Secondary Identifier	1 Set (	л аѕ	
			NSF Reference: F	B1-21.0			
Not Used	REF03	352	INDUSTRY: Supering Description	ervising Provider Secondary Identifier	X	AN 1/80	
				iption to clarify the related data elements a	and the	eir content	
Not Used	REF04	C040	Reference Identif	<del></del>	O		
				more reference numbers or identification	numbe	ers as	
Not Used	C04001	128	Reference Identif	eference Qualifier fication Qualifier	M	ID 2/3	
			Code qualifying tl	ne Reference Identification			
Not Used	C04002	127	Reference Identif	fication	$\mathbf{M}$	AN 1/30	
D02731401 (0	040107/000			694		4 0 2001	

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			Reference information as defined for a particular Transact specified by the Reference Identification Qualifier	tion Set o	or as
Not Used	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transact specified by the Reference Identification Qualifier	tion Set o	or as

**Reference Identification Qualifier** 

Code qualifying the Reference Identification

Not Used

Not Used

C04005

C04006

128

127

**Reference Identification** X AN 1/30 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

1/30

X ID 2/3

Segment: NM1 Ordering Provider Name

Position: 500

**Notes:** 

Loop: 2420E Optional

Level: Summary
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required if a service or supply was ordered by a provider and that provider is a different entity than the rendering provider for this service line. All payer-specific identifiers belong to the destination payer identified in the 2010BB loop.

	- 0		<b>Data Element Summary</b>		
	Ref. <u>Des</u> .	Data <u>Element</u>	Name	Attı	<u>ibutes</u>
Required	NM101	98	<b>Entity Identifier Code</b>	M	ID 2/3
			Code identifying an organizational entity, a physical location	, prop	erty or an
			individual The entity identifier in NM101 applies to all segments in this	itoro	tion of Loon
			ID-2420.	пста	non or Loop
			INDUSTRY: Entity Identifier Code		
			DK Ordering Physician		
Required	NM102	1065	Entity Type Qualifier	M	ID 1/1
			Code qualifying the type of entity		
			INDUSTRY: Entity Type Qualifier		
Dogwinod	NM103	1035	1 Person	0	AN 1/35
Required	NWIIUS	1035	Name Last or Organization Name Individual last name or organizational name	U	AN 1/35
			ALIAS: Ordering Provider Last Name		
			ALIMS. Ordering Howard East Name		
			NSF Reference: FB1-06.0		
			INDUSTRY: Ordering Provider Last Name		
Required	NM104	1036	Name First	O	AN 1/25
			Individual first name		
			ALIAS: Ordering Provider First Name		
			NSF Reference: FB1-07.0		
			INDUSTRY: Ordering Provider First Name		
Situatio	NM105	1037	Name Middle	O	AN 1/25
			Individual middle name or initial		_
			Required if NM102=1 and the middle name/initial of the pers	son is	known.
			ALIAS: Ordering Provider Middle Name		
			NSF Reference: FB1-08.0		
			INDUSTRY: Ordering Provider Middle Name		

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Not Used	NM106	1038	Name Prefix	O	AN 1/10
			Prefix to individual name		
Situatio	NM107	1039	Name Suffix	O	AN 1/10
			Suffix to individual name		
			Required if known.		
			ALIAS: Ordering Provider Generation		
Situatio	NM108	66	INDUSTRY: Ordering Provider Name Suffix Identification Code Qualifier	X	ID 1/2
			Code designating the system/method of code structure used	for Id	entification
			Code (67) Required if either Employer's Identification/Social Security	Numh	er (Ordering
			provider's tax ID) or National Provider Identifier is known.		(
			INDUSTRY: Identification Code Qualifier		
			24 Employer's Identification Number		
			34 Social Security Number		
			The social security number may not be Medicare.	used 1	for
			XX Health Care Financing Administration  Identifier	Natio	nal Provider
Situatio	NM109	67	Identification Code	X	AN 2/80
			Code identifying a party or other code		
			Required if either Employer's Identification/Social Security provider's tax ID) or National Provider Identifier is known.	Numb	per (Ordering
			ALIAS: Ordering Provider Primary Identifier		
			NSF Reference: FB0-09.0, FB1-09.0, GX0-29.0		
Not Used	NM110	706	INDUSTRY: Ordering Provider Identifier Entity Relationship Code	X	ID 2/2
			Code describing entity relationship		
Not Used	NM111	98	Entity Identifier Code	O	ID 2/3
			Code identifying an organizational entity, a physical location individual	ı, prop	perty or an

Segment: N2 Additional Ordering Provider Name Information

**Position:** 510

Loop: 2420E Optional

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To specify additional names or those longer than 35 characters in length

Syntax Notes: Semantic Notes: Comments:

Notes: Required if the name in NM103 is greater than 35 characters. See example in Loop ID-

1000A Submitter, NM1 and N2 for how to handle long names.

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Ordering Provider Additional Name Information	Attr M	ibutes AN 1/60
Not Used	N202	93	INDUSTRY: Ordering Provider Name Additional Text Name Free-form name	0	AN 1/60

Segment: N3 Ordering Provider Address

**Position:** 514

**Loop:** 2420E Optional

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To specify the location of the named party

Syntax Notes: Semantic Notes: Comments:

Notes: Required when a Durable Medical Equipment Regional Carrier Certificate of Medical

Necessity (Medicare DMERC CMN) is used on service line for Medicare claims.

	Ref. <u>Des.</u>	Data <u>Element</u>	<u>Name</u>	<u>Attributes</u>
Required	N301	166	Address Information	M AN 1/55
			Address information	
			ALIAS: Ordering Provider Address 1	
			NSF Reference: FB2-06.0	
Situatio	N302	166	INDUSTRY: Ordering Provider Address Line Address Information	O AN 1/55
			Address information	
			Required if a second address line exists.	
			ALIAS: Ordering Provider Address 2	
			NSF Reference: FB2-07.0	
			INDUSTRY: Ordering Provider Address Line	

Segment: N4 Ordering Provider City/State/ZIP Code

**Position:** 520

Loop: 2420E Optional

Level: Summary
Usage: Optional
Max Use: 1

Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 is required.

**Semantic Notes:** 

Comments: 1 A combination of either N401 through N404, or N405 and N406 may be adequate to

specify a location.

2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** Required when a Durable Medical Equipment Regional Carrier Certificate of Medical

Necessity (Medicare DMERC CMN) is used on service line for Medicare claims.

			Data Element Summary		
Required	Ref. <u>Des.</u> N401	Data <u>Element</u> 19	Name City Name	Attı O	ributes AN 2/30
			Free-form text for city name		
			ALIAS: Ordering Provider City		
			NSF Reference: FB2-08.0		
Required	N402	156	INDUSTRY: Ordering Provider City Name State or Province Code	o	ID 2/2
			Code (Standard State/Province) as defined by appropriate go	vernn	nent agency
			ALIAS: Ordering Provider State		
			NSF Reference: FB0-10.0, FB2-09.0		
Required	N403	116	INDUSTRY: Ordering Provider State Code Postal Code	o	ID 3/15
			Code defining international postal zone code excluding punc (zip code for United States) ALIAS: Ordering Provider Zip Code	tuatio	on and blanks
			NSF Reference: FB2-10.0		
Situatio	N404	26	INDUSTRY: Ordering Provider Postal Zone or ZIP Code Country Code	o	ID 2/3
			Code identifying the country		
			Required if the address is out of the U.S.		
			ALIAS: Ordering Provider Country Code		
			INDUSTRY: Country Code		
Not Used	N405	309	Location Qualifier	X	ID 1/2
Nat II I	NIAGE	210	Code identifying type of location	•	A NI 1/20
Not Used	N406	310	Location Identifier	O	AN 1/30
			Code which identifies a specific location		

 ${f REF}$  Ordering Provider Secondary Identification **Segment:** 

**Position:** 525

2420E Loop: Optional

Level: Summary **Usage:** Optional Max Use:

**Purpose:** To specify identifying information

At least one of REF02 or REF03 is required. **Syntax Notes:** 

If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:** 

**Notes:** 

REF04 contains data relating to the value cited in REF02.

Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.

			Data E	lement Summary		
Required	Ref. <u>Des</u> . REF01	Data Element 128	<u>Name</u> Reference Iden	ntification Qualifier	<u>Attı</u> M	ributes ID 2/3
1				g the Reference Identification		
				eference Identification Qualifier		
			0B	State License Number		
			1B	Blue Shield Provider Number		
			1C	Medicare Provider Number		
			1D	Medicaid Provider Number		
			1G	Provider UPIN Number		
			1H	CHAMPUS Identification Number		
			EI	Employer's Identification Number		
			G2	Provider Commercial Number		
				A unique number assigned to a provid insurer	er by a	commercial
			LU	Location Number		
			N5	Provider Plan Network Identification	Numbe	r
			SY	A number assigned to identify a speci health care plan network Social Security Number	fic pro	vider in a
			X5	The social security number may not be Medicare.  State Industrial Accident Provider Nu		for
Required	REF02	127	Reference Iden		X	AN 1/30
noquireu	ALSA V.2	12,	Reference inforspecified by the	mation as defined for a particular Transaction Reference Identification Qualifiering Provider Secondary Identifier		
Not Used	REF03	352	INDUSTRY: O <b>Description</b>	rdering Provider Secondary Identifier	X	AN 1/80
			A free-form des	cription to clarify the related data elements	and the	eir content
Not Used	REF04	C040	Reference Iden	ntifier	O	
Not Used	C04001	128	specified by the	or more reference numbers or identification Reference Qualifier atification Qualifier	numbe	ers as
110t eseu	204001	120		g the Reference Identification	111	10 2/0
Not Used	C04002	127	Reference Iden		M	AN 1/30
	22302	- <b>-</b> ·	Reference infor	mation as defined for a particular Transaction Reference Identification Qualifier		
D02737401 (0	0.4010¥000		•	(01		

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Not Used	C04003	128	Reference Identification Qualifier	$\mathbf{X}$	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	$\mathbf{X}$	AN 1/30
N T 1	C0 400 F	120	Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier		
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier	Set o	or as

Segment: PER Ordering Provider Contact Information

**Position:** 530

Loop: 2420E Optional

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To identify a person or office to whom administrative communications should be directed

**Syntax Notes:** 1 If either PER03 or PER04 is present, then the other is required.

2 If either PER05 or PER06 is present, then the other is required.

3 If either PER07 or PER08 is present, then the other is required.

## Semantic Notes: Comments:

Notes:

When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g., (534) 224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.

Required when services involving an oxygen therapy certificate of medical necessity (CMN) is being billed/reported on this service line.

By definition of the standard, if PER03 is used, PER04 is required.

			L	Oata Element Summary		
	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>		Attı	<u>ributes</u>
Required	PER01	366	Contact 1	Function Code	$\mathbf{M}$	ID 2/2
			Code idea	ntifying the major duty or responsibility of the person	on or	group named
			INDUST	RY: Contact Function Code		
			IC	Information Contact		
Required	PER02	93	Name		O	AN 1/60
			Free-form	n name		
			INDUST	RY: Ordering Provider Contact Name		
Required	PER03	365	Commun	nication Number Qualifier	X	ID 2/2
_			Code idea	ntifying the type of communication number		
			INDUST	RY: Communication Number Qualifier		
			EM	Electronic Mail		
			FX	Facsimile		
			TE	Telephone		
Required	PER04	364	Commun	nication Number	$\mathbf{X}$	AN 1/80
			Complete	communications number including country or area	a code	when
			applicable	e		
			NSF Refe	erence: GX0-30.0, GU0-23.0		
			INDUST	RY: Communication Number		
Situatio	PER05	365		nication Number Qualifier	$\mathbf{X}$	ID 2/2
			Code idea	ntifying the type of communication number		
			Used at d	iscretion of submitter.		
			INDUST	RY: Communication Number Qualifier		
			EM	Electronic Mail		
			EX	Telephone Extension		
			FX	Facsimile		

			TE	Telephone		
Situatio	PER06	364	<b>Communication</b>	Number	$\mathbf{X}$	AN 1/80
			Complete communapplicable	nications number including country or area	code	when
			Used at discretion	of submitter.		
			INDUSTRY: Con	nmunication Number		
Situatio	PER07	365	<b>Communication</b>	Number Qualifier	$\mathbf{X}$	ID 2/2
			Code identifying t	he type of communication number		
			Used at discretion	of submitter.		
			INDUSTRY: Con	nmunication Number Qualifier		
			EM	Electronic Mail		
			EX	Telephone Extension		
			FX	Facsimile		
			TE	Telephone		
Situatio	PER08	364	<b>Communication</b>	Number	$\mathbf{X}$	AN 1/80
			Complete communapplicable	nications number including country or area	code	when
			Used at discretion	of submitter.		
			INDUSTRY: Com	nmunication Number		
Not Used	PER09	443	<b>Contact Inquiry</b>	Reference	O	AN 1/20
			Additional referen	ce number or description to clarify a contact	ct nui	nber

Segment: NM1 Referring Provider Name

Position: 500

**Notes:** 

**Loop:** 2420F Optional

Level: Summary
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

2 If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required if this service line involves a referral and the referring provider is different than the rendering provider and if the referring provider differs from that reported at the claim level (loop 2310A). All payer-specific identifying numbers belong to the destination payer identified in the 2010BB loop.

When there is only one referral on the service line use code "DN - Referring Provider". When more than one referral exists and there is a requirement to report the additional referral, use code DN in the first iteration of this loop to indicate the referral received by the rendering provider on this service line. Use code "P3 - Primary Care Provider" in the second iteration of the loop to indicate the initial referral from the primary care provider or whatever provider wrote the initial referral for this patient's episode of care being billed/reported in this transaction.

			Data Elen	ient Summary		
	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>		<u>Attr</u>	<u>ributes</u>
Required	NM101	98	<b>Entity Identifier C</b>	Code	$\mathbf{M}$	ID 2/3
			Code identifying an	n organizational entity, a physical location,	prop	erty or an
			individual			
			INDUSTRY: Entity	y Identifier Code		
			DN	Referring Provider		
				Use on the first iteration of this loop. Us	e if l	oop is used
				only once.		-
			P3	Primary Care Provider		
				Physician that is selected by the insured	to pr	ovide
				medical care		
				Use only if loop is used twice. Use only	on se	econd
D : 1	NIN #100	1065		iteration of this loop.	3.7	ID 1/1
Required	NM102	1065	Entity Type Quali		M	ID 1/1
			Code qualifying the	e type of entity		
			INDUSTRY: Entity	y Type Qualifier		
			1	Person		
Required	NM103	1035	Name Last or Org	ganization Name	O	AN 1/35
			Individual last nam	e or organizational name		
			NSF Reference: FF	31-10.0		
D : 1	NIN #10.4	1026		rring Provider Last Name	_	A NI 1/25
Required	NM104	1036	Name First		O	AN 1/25
			Individual first nan	ne		
			NSF Reference: FF	31-11.0		
			INDUSTRY: Refer	rring Provider First Name		
			II DODINI. ROICI	11115 110,1001 11101 11011		

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Situatio	NM105	1037	Name Middle		O	AN 1/25
				Individual middle name or initial		
			Required if NM102	=1 and the middle name/initial of the pers	on is	known.
			NSF Reference: FE	31-12.0		
			INDUSTRY: Refer	ring Provider Middle Name		
Not Used	NM106	1038	Name Prefix		O	AN 1/10
			Prefix to individual	name		
Situatio	NM107	1039	Name Suffix		O	AN 1/10
			Suffix to individual	name		
			Required if known.			
			ALIAS: Referring	Provider Generation		
			INDUSTRY: Refer	ring Provider Name Suffix		
Situatio	NM108	66	<b>Identification Cod</b>	e Qualifier	$\mathbf{X}$	ID 1/2
				ne system/method of code structure used f	or Ide	entification
			Code (67)	Employer's Identification/Social Security	Jumb	on (Deferring
				Employer's Identification/Social Security National Provider Identifier is known.	vuiiic	er (Referring
			DIDIIGEDIA II			
			INDUSTRY: Ident	fication Code Qualifier Employer's Identification Number		
			34	Social Security Number		
				The social security number may not be u	ised 1	for
				Medicare.		
			XX	Health Care Financing Administration N Identifier	Vation	nal Provider
Situatio	NM109	67	Identification Cod		X	AN 2/80
			Code identifying a	party or other code		
				Employer's Identification/Social Security N	Jumb	er (Referring
				National Provider Identifier is known.		
			ALIAS: Referring	Provider's Identification Number		
			NSF Reference: FE	31-13.0, FA0-24.0		
			INDUSTRY: Refer	ring Provider Identifier		
Not Used	NM110	706	<b>Entity Relationshi</b>	•	X	ID 2/2
			Code describing en	tity relationship		
Not Used	NM111	98	<b>Entity Identifier C</b>	Code	0	ID 2/3
			Code identifying ar individual	n organizational entity, a physical location	, prop	perty or an

Segment:  $\mathbf{PRV}$  Referring Provider Specialty Information

**Position:** 505

Loop: 2420F Optional Level: Summary

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To specify the identifying characteristics of a provider

Syntax Notes: Semantic Notes: Comments:

**Notes:** Required if required under provider-payer contract.

PRV02 qualifies PRV03.

		_	Data Element Summary		
	Ref.	Data			
	Des.	<u>Element</u>	Name		ributes
Required	PRV01	1221	Provider Code	M	ID 1/3
			Code identifying the type of provider		
			INDUSTRY: Provider Code		
			RF Referring		
Required	PRV02	128	Reference Identification Qualifier	$\mathbf{M}$	ID 2/3
			Code qualifying the Reference Identification		
			ZZ is used to indicate the "Health Care Provider Taxonomy"	code	list
			(provider specialty code) which is available on the Washington Company web site: http://www.wpc-edi.com. This taxonomy the Blue Cross Blue Shield Association and ASC X12N TG2	on Pu	ıblishing aintained by
			INDUSTRY: Reference Identification Qualifier ZZ Mutually Defined		
			Health Care Provider Taxonomy Code 1	ist	
Required	PRV03	127	Reference Identification	$\mathbf{M}$	AN 1/30
			Reference information as defined for a particular Transaction specified by the Reference Identification Qualifier ALIAS: Provider Specialty Code	Set o	or as
			Provider Specialty Code		
Not Used	PRV04	156	INDUSTRY: Provider Taxonomy Code State or Province Code	0	ID 2/2
			Code (Standard State/Province) as defined by appropriate government	vernn	nent agency
Not Used	PRV05	C035	Provider Specialty Information	O	
			To provide provider specialty information		
Not Used	C03501	1222	Provider Specialty Code	M	AN 1/3
			Code indicating the primary specialty of the provider, as defined in receiver	ned b	by the
Not Used	C03502	559	Agency Qualifier Code	O	ID 2/2
			Code identifying the agency assigning the code values		
Not Used	C03503	1073	Yes/No Condition or Response Code	0	ID 1/1
			Code indicating a Yes or No condition or response	-	/ <del>-</del>
Not Used	PRV06	1223	Provider Organization Code	0	ID 3/3
1101 0304	111100	1225	Code identifying the organizational structure of a provider	J	110 010
			Code racinitying the organizational structure of a provider		

Segment: N2 Additional Referring Provider Name Information

**Position:** 510

**Loop:** 2420F Optional

Level: Summary
Usage: Optional
Max Use: 1

**Purpose:** To specify additional names or those longer than 35 characters in length

Syntax Notes: Semantic Notes: Comments:

Notes: Required if the name in NM103 is greater than 35 characters. See example in Loop ID-

1000A Submitter, NM1 and N2 for how to handle long names.

Required	Ref. <u>Des.</u> N201	Data Element 93	Name Name Free-form name ALIAS: Referring Provider Additional Name Information	Attr M	ibutes AN 1/60
Not Used	N202	93	INDUSTRY: Referring Provider Name Additional Text Name Free-form name	O	AN 1/60

 ${f REF}$  Referring Provider Secondary Identification **Segment:** 

**Position:** 525

2420F Loop: Optional

Level: Summary **Usage:** Optional Max Use:

**Purpose:** To specify identifying information

At least one of REF02 or REF03 is required. **Syntax Notes:** 

If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

**Semantic Notes: Comments:** 

**Notes:** 

REF04 contains data relating to the value cited in REF02.

Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.

Data Element Summary						
Required	Ref. <u>Des.</u> REF01	Data Element 128	<u>Name</u> Reference Identi	ification Qualifier	Attı M	ributes ID 2/3
			Code qualifying t	the Reference Identification		
			INDUSTRY: Ref	erence Identification Qualifier		
			0B	State License Number		
			1B	Blue Shield Provider Number		
			1C	Medicare Provider Number		
			1D	Medicaid Provider Number		
			1G	Provider UPIN Number		
			1H	CHAMPUS Identification Number		
			EI	Employer's Identification Number		
			G2	Provider Commercial Number		
				A unique number assigned to a provide insurer	r by a	commercial
			LU	Location Number		
			N5	Provider Plan Network Identification N	Jumbe	r
			SY	A number assigned to identify a specific health care plan network Social Security Number	ic pro	vider in a
				The social security number may not be Medicare.	used	for
			X5	State Industrial Accident Provider Nun	nber	
Required	REF02	127	Reference Identi	fication	X	AN 1/30
			specified by the I	ation as defined for a particular Transaction Reference Identification Qualifier Ferring Provider Secondary Identifier	1 Set o	or as
Not Used	REF03	352	Description		$\mathbf{X}$	AN 1/80
			A free-form descri	ription to clarify the related data elements a	ınd the	eir content
Not Used	REF04	C040	Reference Identi	ifier	O	
				r more reference numbers or identification Reference Qualifier	numbe	ers as
Not Used	C04001	128	Reference Identi	fication Qualifier	$\mathbf{M}$	ID 2/3
			Code qualifying t	the Reference Identification		
Not Used	C04002	127	Reference Identi	fication	M	AN 1/30
				ation as defined for a particular Transaction	a Set o	or as
Not IIJ	C04002	120		Reference Identification Qualifier	v	ID 2/2
Not Used	C04003	128	keierence identi	fication Qualifier	X	ID 2/3

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DRAFT			Code qualifying the Reference Identification		
Not Used	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transacti specified by the Reference Identification Qualifier	on Set o	or as
Not Used	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
Not Used	C04006	127	Reference Identification	$\mathbf{X}$	AN 1/30
			Reference information as defined for a particular Transacti specified by the Reference Identification Qualifier	on Set o	or as

NM1 Other Payer Prior Authorization or Referral Number **Segment:** 

**Position:** 500

> 2420G Loop: Optional

Level: Summary Usage: Optional Max Use:

**Purpose:** 

**Notes:** 

To supply the full name of an individual or organizational entity **Syntax Notes:** If either NM108 or NM109 is present, then the other is required.

If NM111 is present, then NM110 is required.

NM102 qualifies NM103. **Semantic Notes:** 

NM110 and NM111 further define the type of entity in NM101. **Comments:** 

> Required when it is necessary, in COB situations, to send a payer-specific line level referral number or prior authorization number. The payer-specific numbers carried in the REF in this loop belong to the non-destination (COB) payers.

The strategy in using this loop is to use NM109 to identify which payer the prior authorization/referral number carried in the REF of this loop belongs to. For example, if there are 2 COB payers (non-destination payers) who have additional referral numbers for this service line the data string for the 2420G loop would look like this:

NM1\*PR\*2\*\*\*\*\*\*PI\*PAYER #1 ID~

(This payer ID would be identified in an iteration of loop 2330B in it's own 2320 loop)

REF\*9F\*AAAAAAA~

NM1\*PR\*2\*\*\*\*\*PI\*PAYER#2 ID~

(This payer ID would also be identified in an interation of loop 2330B in it's own 2320

loop) REF\*9F\*2BBBBBB-~

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

	D e	D 4	Data Element Summary		
	Ref.	Data	NI	A 44.	
Dogwinod	<u>Des.</u>	Element 98	Name Entity Identifier Code	M	ributes ID 2/3
Required	NM101	98	Entity Identifier Code		
			Code identifying an organizational entity, a physical location	i, pro	perty or an
			individual		
			INDUSTRY: Entity Identifier Code		
			PR Payer		
Required	NM102	1065	Entity Type Qualifier	M	ID 1/1
			Code qualifying the type of entity		
			INDUSTRY: Entity Type Qualifier		
			2 Non-Person Entity		
Required	NM103	1035	Name Last or Organization Name	O	AN 1/35
			Individual last name or organizational name		
			ALIAS: Payer Name		
			INDUSTRY: Payer Name		
Not Used	NM104	1036	Name First	O	AN 1/25
			Individual first name		
Not Used	NM105	1037	Name Middle	O	AN 1/25
			Individual middle name or initial		
Not Used	NM106	1038	Name Prefix	O	AN 1/10
1100 0500	11111100	1000	Prefix to individual name	Ü	1111 1/10
Not Used	NM107	1039	Name Suffix	0	AN 1/10
Not Osea	NIVIIU/	1039	- 101	U	AN 1/10
			Suffix to individual name		
Required	NM108	66	Identification Code Qualifier	X	ID 1/2
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Code designating the system/method of code structure used for Identification

Code (67)

INDUSTRY: Identification Code Qualifier
PI Payor Identification

XV Health Care Financing Administration National Payer

Identification Number (PAYERID)

Required NM109 67 Identification Code X AN 2/80

Code identifying a party or other code

Must match corresponding Other Payer Identifier in NM109 in 2330B loop(s).

ALIAS: Other Payer Identification

INDUSTRY: Other Payer Identification Number

Not Used NM110 706 Entity Relationship Code X ID 2/2

Code describing entity relationship

Not Used NM111 98 Entity Identifier Code O ID 2/3

Code identifying an organizational entity, a physical location, property or an individual

 ${f REF}$  Other Payer Prior Authorization or Referral Number **Segment:** 

**Position:** 525

2420G Loop: Optional

Level: Summary

**Usage:** Optional (Must Use)

Max Use:

**Notes:** 

**Purpose:** To specify identifying information

At least one of REF02 or REF03 is required. **Syntax Notes:** 

If either C04003 or C04004 is present, then the other is required.

If either C04005 or C04006 is present, then the other is required.

Non-destination (COB) payers' provider identification number(s).

**Semantic Notes:** 

REF04 contains data relating to the value cited in REF02. **Comments:** 

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ission
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3 /30 /30 /30

Segment:  ${f SVD}$  Line Adjudication Information

Position: 540

Loop: 2430 Optional

Level: Summary
Usage: Optional
Max Use: 1

Purpose: To convey service line adjudication information for coordination of benefits between the

initial payers of a health care claim and all subsequent payers

**Syntax Notes:** 

**Semantic Notes:** 1 SVD01 is the payer identification code.

- 2 SVD02 is the amount paid for this service line.
- 3 SVD04 is the revenue code.
- 4 SVD05 is the paid units of service.

#### **Comments:**

- 1 SVD03 represents the medical procedure code upon which adjudication of this service line was based. This may be different than the submitted medical procedure code.
- 2 SVD06 is only used for bundling of service lines. It references the LX Assigned Number of the service line into which this service line was bundled.

## **Notes:**

To show unbundled lines: If, in the original claim, line 3 is unbundled into (for examples) 2 additional lines, then the SVD for line 3 is used 3 times: once for the original adjustment to line 3 and then two more times for the additional unbundled lines. If a line item control number (REF01 = 6R) exists for the line, that number may be used in SVD06 instead of the LX number when a line is unbundled.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Required if claim has been previously adjudicated by payer identified in Loop 2330B and service line has adjustments applied to it.

	Data Element Summary				
	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>	Attr	<u>ibutes</u>
Required	SVD01	67	<b>Identification Code</b>	$\mathbf{M}$	AN 2/80
			Code identifying a party or other code		
			This number should match NM109 in Loop ID-2330B identified	fying	Other Payer.
			ALIAS: Other Payer identification code		
Required	SVD02	782	INDUSTRY: Other Payer Primary Identifier  Monetary Amount	M	R 1/18
			Monetary amount		
			Zero "0" is an acceptable value for this element.		
			The FA0-52.0 NSF crosswalk is only used in payer-to-payer	СОВ	situations.
			ALIAS: Paid Amount		
			NSF Reference: FA0-52.0		
Required	SVD03	C003	INDUSTRY: Service Line Paid Amount Composite Medical Procedure Identifier	o	
			To identify a medical procedure by its standardized codes and modifiers	d app	licable
			This element contains the procedure code that was used to pa It crosswalks from SVC01 in the 835 transmission.	y this	s service line.

Required	C00301	235	ALIAS: Procedure Product/Service II		M ID 2/2		
			Code identifying the type/source of the descriptive number used in Product/Service ID (234)				
				act or Service ID Qualifier	~		
			НС	Health Care Financing Administration Procedural Coding System (HCPCS) Co	odes		
				HCFA coding scheme to group procedu on an outpatient basis for payment to he Medicare; primarily used for ambulator other diagnostic departments Because the AMA's CPT codes are also	ospital under ry surgical and		
			codes, they are reported under HC. Home Infusion EDI Coalition (HIEC) I Code	Product/Service			
			N1	National Drug Code in 4-4-2 Format			
			N2	4-digit manufacturer ID, 4-digit produc package size National Drug Code in 5-3-2 Format	_		
				5-digit manufacturer ID, 3-digit product package size	t ID, 2-digit trade		
			N3	National Drug Code in 5-4-1 Format			
			N4	5-digit manufacturer ID, 4-digit produc package size National Drug Code in 5-4-2 Format	t ID, 1-digit trade		
			ZZ	5-digit manufacturer ID, 4-digit product package size Mutually Defined	t ID, 2-digit trade		
				Jurisdictionally Defined Procedure and (Used for Worker's Compensation claim local (State) Jurisdiction for a list of the	ns). Contact your		
Required	C00302	234	Product/Service II		M AN 1/48		
				for a product or service			
	~~~~		INDUSTRY: Proce				
Situatio	C00303	1339	Procedure Modifie		O AN 2/2		
			as defined by tradir	This identifies special circumstances related to the performance of the service, so defined by trading partners  Use this modifier for the first procedure code modifier.			
			Required when a massociated procedure	nodifier clarifies/improves the reporting acre code.	ecuracy of the		
			ALIAS: Procedure Modifier 1				
Situatio	C00304	00304 1339	INDUSTRY: Procedure Modifier  Procedure Modifier  O AN 2/2  This identifies special circumstances related to the performance of the service as defined by trading partners  Use this modifier for the second procedure code modifier.				
			Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.				
			ALIAS: Procedure	Modifier 2			
Situatio	C00305	1339	INDUSTRY: Proce Procedure Modifie		O AN 2/2		
			•	ial circumstances related to the performan			
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as defined by trading partners

Use this modifier for the third procedure code modifier.

Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.

ALIAS: Procedure Modifier 3

INDUSTRY: Procedure Modifier

Situatio C00306 1339 Procedure Modifier

O AN 2/2

This identifies special circumstances related to the performance of the service, as defined by trading partners

Use this modifier for the fourth procedure code modifier.

Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.

ALIAS: Procedure Modifier 4

INDUSTRY: Procedure Modifier

Situatio C00307 352 Description

O AN 1/80

A free-form description to clarify the related data elements and their content Required if SVC01-7 was returned in the 835 transaction.

INDUSTRY: Procedure Code Description

Not Used SVD04 234 Product/Service ID O AN 1/48

Identifying number for a product or service

Required SVD05 380 Quantity O R 1/15

Numeric value of quantity

Crosswalk from SVC05 in 835 or, if not present in 835, use original billed units.

ALIAS: Paid units of service

INDUSTRY: Paid Service Unit Count

Situatio SVD06 554 Assigned Number O N0 1/6

Number assigned for differentiation within a transaction set

Use the LX from this transaction which points to the bundled/unbundled line.

Required if payer bundled/unbundled this service line.

ALIAS: Bundled/Unbundled Line Number

INDUSTRY: Bundled or Unbundled Line Number

Segment: CAS Line Adjustment

**Position:** 545

Loop: 2430 Optional

Level: Summary
Usage: Optional
Max Use: 99

**Purpose:** To supply adjustment reason codes and amounts as needed for an entire claim or for a

particular service within the claim being paid

**Syntax Notes:** 1 If CAS05 is present, then at least one of CAS06 or CAS07 is required.

- 2 If CAS06 is present, then CAS05 is required.3 If CAS07 is present, then CAS05 is required.
- 4 If CAS08 is present, then at least one of CAS09 or CAS10 is required.
- 5 If CAS09 is present, then CAS08 is required.6 If CAS10 is present, then CAS08 is required.
- 7 If CAS11 is present, then at least one of CAS12 or CAS13 is required.
- 8 If CAS12 is present, then CAS11 is required.9 If CAS13 is present, then CAS11 is required.
- 10 If CAS14 is present, then at least one of CAS15 or CAS16 is required.
- 11 If CAS15 is present, then CAS14 is required.12 If CAS16 is present, then CAS14 is required.
- 13 If CAS17 is present, then at least one of CAS18 or CAS19 is required.
- **14** If CAS18 is present, then CAS17 is required.
- **15** If CAS19 is present, then CAS17 is required.

### **Semantic Notes:**

- CAS03 is the amount of adjustment.
- 2 CAS04 is the units of service being adjusted.
- 3 CAS06 is the amount of the adjustment.
- 4 CAS07 is the units of service being adjusted.
- 5 CAS09 is the amount of the adjustment.
- **6** CAS10 is the units of service being adjusted.
- 7 CAS12 is the amount of the adjustment.
- **8** CAS13 is the units of service being adjusted.
- **9** CAS15 is the amount of the adjustment.
- **10** CAS16 is the units of service being adjusted.
- 11 CAS18 is the amount of the adjustment.
- 12 CAS19 is the units of service being adjusted.

## **Comments:**

- Adjustment information is intended to help the provider balance the remittance information. Adjustment amounts should fully explain the difference between submitted charges and the amount paid.
- When the submitted charges are paid in full, the value for CAS03 should be zero.

**Notes:** 

Required if the payer identified in Loop 2330B made line level adjustments which caused the amount paid to differ from the amount originally charged.

Mapping CAS information into a flat file format may involve reading specific Claim Adjustment Reason Codes and then mapping the subsequent Monetary Amount and/or Quantity elements to specific fields in the flat file.

There are some NSF COB elements which are covered through the use of the CAS segment. Please see the claim level CAS segment for a note on handling those crosswalks at the claim level. Some of that information may apply at the line level. Further information is given below which is more specific to line level issues.

Balance bill limiting charge (FA0-54.0). The adjustment for this information would be conveyed in a CAS amount element if the provider billed for more than they were allowed to under contract.

The Claim Adjustment Reason codes are located on the Washington Publishing Company web site http://www.wpc-edi.com.

## **Data Element Summary**

Ref. Data

Required	Des. CAS01	Element 1033	Name Claim Adjustment Group Code		Attı M	ributes ID 1/2
			Code identifying the ALIAS: Adjustment	general category of payment adjustment Group Code		
				Adjustment Group Code Contractual Obligations		
				Correction and Reversals		
			OA	Other adjustments		
			PI	Payor Initiated Reductions		
			PR	Patient Responsibility		
Required	CAS02	1034	Claim Adjustment F		M	ID 1/5
				detailed reason the adjustment was mad		
			Use the Claim Adjust	tment Reason Code list (See Appendix of	C).	
			ALIAS: Adjustment	Reason Code - Line Level		
			NSF Reference: FB3- 15.0, FB3-17.0	-05.0, FB3-07.0, FB3-09.0, FB3-11.0, F	B3-1	3.0, FB3-
			INDUSTRY: Adjustr	ment Reason Code		
Required	CAS03	782	Monetary Amount		M	R 1/18
			Monetary amount			
			Use this amount for t	he adjustment amount.		
			ALIAS: Adjusted An	nount - Line Level		
				-27.0, FA0-28.0, FA0-35.0, FA0-48.0, F -06.0, FB3-08.0, FB3-10.0, FB3-12.0, F -53.0, FA0-54.0		
Situatio	CAS04	380	INDUSTRY: Adjustr Quantity	ment Amount	o	R 1/15
			Numeric value of qua	antity		
			<del>-</del>	the units of service being adjusted.		
			Use as needed to sho	w payer adjustment.		
			ALIAS: Adjusted Un	its - Line Level		
Situatio	CAS05	1034	INDUSTRY: Adjustr Claim Adjustment F Code identifying the Use as needed to sho	Reason Code detailed reason the adjustment was mad	<b>X</b> e	ID 1/5
				tment Reason Code list (See Appendix Code list)	C).	
			ALIAS: Adjustment	Reason Code - Line Level		
			NSF Reference: FB3-15.0, FB3-17.0	-05.0, FB3-07.0, FB3-09.0, FB3-11.0, F	B3-1	3.0, FB3-
Situatio	CAS06	782	INDUSTRY: Adjustr Monetary Amount Monetary amount Use this amount for t	ment Reason Code the adjustment amount.	X	R 1/18

Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Line Level

NSF Reference: FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-

16.0, FB3-18.0, FA0-53.0, FA0-54.0

INDUSTRY: Adjustment Amount

Situatio CAS07 380 Quantity X R 1/15

Numeric value of quantity

Use this quantity for the units of service being adjusted.

Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Line Level

INDUSTRY: Adjustment Quantity

Situatio CAS08 1034 Claim Adjustment Reason Code X ID 1/5

Code identifying the detailed reason the adjustment was made

Use as needed to show payer adjustment.

Use the Claim Adjustment Reason Code list (See Appendix C).

ALIAS: Adjustment Reason Code - Line Level

NSF Reference: FB3-05.0, FB3-07.0, FB3-09.0, FB3-11.0, FB3-13.0, FB3-

15.0, FB3-17.0

INDUSTRY: Adjustment Reason Code

Situatio CAS09 782 Monetary Amount X R 1/18

Monetary amount

Use this amount for the adjustment amount.

Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Line Level

NSF Reference: FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-

16.0, FB3-18.0, FA0-53.0, FA0-54.0

INDUSTRY: Adjustment Amount

Situatio CAS10 380 Quantity X R 1/15

Numeric value of quantity

Use this quantity for the units of service being adjusted.

Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Line Level

INDUSTRY: Adjustment Quantity

Situatio CAS11 1034 Claim Adjustment Reason Code X ID 1/5

Code identifying the detailed reason the adjustment was made

Use as needed to show payer adjustment.

Use the Claim Adjustment Reason Code list (See Appendix C).

ALIAS: Adjustment Reason Code - Line Level

NSF Reference: FB3-05.0, FB3-07.0, FB3-09.0, FB3-11.0, FB3-13.0, FB3-

15.0, FB3-17.0

INDUSTRY: Adjustment Reason Code

Situatio CAS12 782 Monetary Amount X R 1/18

Monetary amount

Use this amount for the adjustment amount.

Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Line Level

NSF Reference: FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-

16.0, FB3-18.0, FA0-53.0, FA0-54.0

INDUSTRY: Adjustment Amount

Situatio CAS13 380 Quantity X R 1/15

Numeric value of quantity

Use this quantity for the units of service being adjusted.

Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Line Level

INDUSTRY: Adjustment Quantity

Situatio CAS14 1034 Claim Adjustment Reason Code X ID 1/5

Code identifying the detailed reason the adjustment was made

Use as needed to show payer adjustment.

Use the Claim Adjustment Reason Code list (See Appendix C).

ALIAS: Adjustment Reason Code - Line Level

NSF Reference: FB3-05.0, FB3-07.0, FB3-09.0, FB3-11.0, FB3-13.0, FB3-

15.0, FB3-17.0

INDUSTRY: Adjustment Reason Code

Situatio CAS15 782 Monetary Amount X R 1/18

Monetary amount

Use this amount for the adjustment amount.

Use as needed to show payer adjustment.

ALIAS: Adjusted Amount - Line Level

NSF Reference: FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-

16.0, FB3-18.0, FA0-53.0, FA0-54.0

INDUSTRY: Adjustment Amount

Situatio CAS16 380 Quantity X R 1/15

Numeric value of quantity

Use this quantity for the units of service being adjusted.

Use as needed to show payer adjustment.

ALIAS: Adjusted Units - Line Level

INDUSTRY: Adjustment Quantity

DRAFT Situatio	CAS17	1034	Claim Adjustment Reason Code X ID 1/5 Code identifying the detailed reason the adjustment was made Use as needed to show payer adjustment.  Use the Claim Adjustment Reason Code list (See Appendix C).
			ALIAS: Adjustment Reason Code - Line Level
			NSF Reference: FB3-05.0, FB3-07.0, FB3-09.0, FB3-11.0, FB3-13.0, FB3-15.0, FB3-17.0
Situatio	CAS18	782	INDUSTRY: Adjustment Reason Code  Monetary Amount  X R 1/18
			Monetary amount Use this amount for the adjustment amount.
			Use as needed to show payer adjustment.
			ALIAS: Adjusted Amount - Line Level
			NSF Reference: FB3-06.0, FB3-08.0, FB3-10.0, FB3-12.0, FB3-14.0, FB3-16.0, FB3-18.0, FA0-53.0, FA0-54.0
Situatio	CAS19	380	INDUSTRY: Adjustment Amount  Quantity  X R 1/15
			Numeric value of quantity
			Use this quantity for the units of service being adjusted.
			Use as needed to show payer adjustment.
			ALIAS: Adjusted Units - Line Level

INDUSTRY: Adjustment Quantity

DTP Line Adjudication Date **Segment:** 

**Position:** 550

Loop: Level: 2430 Optional

Summary

**Usage:** Optional (Must Use)

Max Use:

**Purpose:** To specify any or all of a date, a time, or a time period

Syntax Notes: Semantic Notes:

1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

Required	Ref. <u>Des.</u> DTP01	Data Element 374	Name Date/Time Qualifier	Attr M	ributes ID 3/3	
			Code specifying type of date or time, or both date and time	me		
			INDUSTRY: Date Time Qualifier			
			573 Date Claim Paid			
Required	DTP02	1250	Date Time Period Format Qualifier	$\mathbf{M}$	ID 2/3	
			Code indicating the date format, time format, or date and	l time forn	nat	
			INDUSTRY: Date Time Period Format Qualifier			
			D8 Date Expressed in Format CCYYM	IMDD		
Required	DTP03	1251	<b>Date Time Period</b>	M	AN 1/35	
			Expression of a date, a time, or range of dates, times or dates and times INDUSTRY: Adjudication or Payment Date			

Segment: LQ Form Identification Code

**Position:** 551

**Loop:** 2440 Optional

Level: Summary
Usage: Optional
Max Use: 1

Purpose: Code to transmit standard industry codesSyntax Notes: 1 If LQ01 is present, then LQ02 is required.

Semantic Notes: Comments:

Notes:

Required if the provider is required to routinely include supporting documentation (a standardized paper form) in electronic format. An example is for Medicare DMERC claims for which the provider is required to obtain a certificate of medical necessity (CMN) from the physician. Medicare or other payers may require other supporting documentation for other types of claims (e.g., home health).

The 2440 loop is designed to allow providers to attach any type of standardized supplemental information to the claim when required to do so by the payer. The LQ segment contains information to identify the form (LQ01) and the specific form number (LQ02). In the example given below, LQ01=UT which identifies the form as a Medicare DMERC CMN form. LQ02=0102A identifies which DMERC CMN form is being used. See Appendix K and the FRM segment for further notes on use of this loop.

Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then the LQ and FRM segments are "Required".

Loop 2440 was approved by ASC X12 in the version 004011 Data Dictionary but is included in this guide to provide standard way to report DMERC claims within the HIPAA implementation time frame. It is recommended that entitles who have a need to submit or receive DMERC claims customize their 004010 translator map to allow this loop.

# **Data Element Summary**

Data Element Summary							
Required	Ref. <u>Des.</u> LQ01	Data Element 1270	<u>Name</u> Code List Qualific	er Code	<u>Attr</u> O	ibutes ID 1/3	
			Code identifying a	specific industry code list			
			ALIAS: Form Idea	ntification Code			
			INDUSTRY: Code List Qualifier Code				
			AS	Form Type Code			
				Use code AS to indicate that a Home I identified.	Health :	form is being	
			UT	Health Care Financing Administration Medical Equipment Regional Carrier (	•	*	
				Certificate of Medical Necessity (CMN	V) Forr	ns	
Required	LQ02	1271	<b>Industry Code</b>		X	AN 1/30	
			Code indicating a	code from a specific industry code list			
			ALIAS: Form Identifier				
			NSF Reference: G	U0-25.0			

INDUSTRY: Form Identifier

 ${f FRM}$  Supporting Documentation **Segment:** 

**Position:** 552

Loop: 2440 **Optional** 

Level: Summary Usage: Mandatory Max Use:

**Purpose:** To specify information in response to a codified questionnaire document At least one of FRM02 FRM03 FRM04 or FRM05 is required.

**Syntax Notes: Semantic Notes: Comments:** 

Notes:

The LQ segment is used to identify the general (LQ01) and specific type (LQ02) for the form being reported in the 2440. The FRM segment is used to answer specific questions on the form identified in the LQ. FRM01 is used to indicate the question being answered. Answers can take one of 4 forms: FRM02 for Yes/No questions, FRM03 for text/uncodified answers, FRM04 for answers which use dates, and FRM05 for answers which are percents. For each FRM01 (question) use a remaining FRM element, choosing the element which has the most appropriate format. One FRM segment is used for each question/answer pair.

The example below shows how the FRM can be used to answer all the pertinent questions on DMERC form 0802 (LQ\*UT\*0802~). See Appendix K - Supporting Documentation Example, for a more detailed explaination of how to use the 2440 Loop.

Loop 2440 was approved by ASC X12 in the version 004011 Data Dictionary but is included in this guide to provide standard way to report DMERC claims within the HIPAA implementation time frame. It is recommended that entitles who have a need to submit or receive DMERC claims customize their 004010 translator map to allow this loop.

### Data Flament Summary

	D C	D 4	Data El	ement Summary			
	Ref. <u>Des.</u>	Data <u>Element</u>	Name			<u>Attributes</u>	
Required	FRM01	350	<b>Assigned Identification</b>		$\mathbf{M}$	AN 1/20	
			Alphanumeric characters assigned for differentiation within a transaction set				
			ALIAS: Questio	n Number/Letter			
			INDUSTRY: Qu	estion Number/Letter			
Situatio	FRM02	1073	Yes/No Condition	on or Response Code	X	<b>ID</b> 1/1	
			Code indicating	a Yes or No condition or response			
			FRM02, 03, 04,	or 05 is required.			
			Used to answer question identified in FRM01 which utilizes a Yes/No response format.				
			ALIAS: Question Response				
			NSF Reference: GU0-26.0, GU0-27.0, GU0-28.0, GU0-29.0, GU0-30.0, GU0-				
			31.0, GU0-32.0, GU0-33.0, GU0-34.0, GU0-35.0, GU0-36.0, GU0-37.0, GU0-				
			38.0, GU0-39.0, GU0-40.0, GU0-43.0, GU0-44.0				
			INDUSTRY: Question Response				
			N	No			
			W	Not Applicable			
			Y	Yes			
Situatio	FRM03	127	27 Reference Identification		$\mathbf{X}$	AN 1/30	
			Reference information as defined for a particular Transaction Set or as				

FRM02, 03, 04, or 05 is required.

specified by the Reference Identification Qualifier

Used to answer question identified in FRM01 which utilizes a text or uncodified response format.

ALIAS: Question Response

NSF Reference: GU0-28.0, GU0-31.0, GU0-33.0, GU0-45.0, GU0-46.0, GU0-47.0, GU0-48.0, GU0-49.0, GU0-50.0, GU0-51.0, GU0-57.0, GU0-58.0, GU0-59.0, GU0-60.0, GU0-61.0, GU0-62.0, GU0-63.0, GU0-64.0, GU0-65.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, GU0-69.0, G

66.0, GU0-67.0, GU0-68.0

INDUSTRY: Question Response

Situatio FRM04 373 Date X DT 8/8

Date expressed as CCYYMMDD FRM02, 03, 04, or 05 is required.

Used to answer question identified in FRM01 which utilizes a date response format.

ALIAS: Question Response

NSF Reference: GU0-53.0, GU0-54.0, GU0-55.0, GU0-56.0

INDUSTRY: Question Response

Situatio FRM05 332 Percent X R 1/6

Percent expressed as a percent FRM02, 03, 04, or 05 is required.

Used to answer question identified in FRM01 which utilizes a percent response format.

ALIAS: Question Response

NSF Reference: GU0-69.0, GU0-70.0, GU0-71.0

INDUSTRY: Question Response

Segment: **SE** Transaction Set Trailer

**Position:** 555

Loop:

Level: Summary
Usage: Mandatory

Max Use: 1

**Purpose:** To indicate the end of the transaction set and provide the count of the transmitted

segments (including the beginning (ST) and ending (SE) segments)

Syntax Notes: Semantic Notes:

**Comments:** 1 SE is the last segment of each transaction set.

# **Data Element Summary**

	Ref. Des.	Data <u>Element</u>	at Name Attr		ributes	
Required	SE01	96	Number of Included Segments		N0 1/10	
			Total number of segments included in a transaction set incluses segments ALIAS: Segment Count	ding S	ST and SE	
			INDUSTRY: Transaction Segment Count			
Required	SE02	329	Transaction Set Control Number	M	AN 4/9	
			Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set  The Transaction Set Control Numbers in ST02 and SE02 must be identical.  The Transaction Set Control Number is assigned by the originator and must be unique within a functional group (GS-GE) and interchange (ISA-IEA). This unique number also aids in error resolution research.  ALIAS: Transaction Set Control Number			

INDUSTRY: Transaction Set Control Number